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| Fill in this information to identify your case: |                               |                                   |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|                                                 | ☐ Chapter 7                   |                                   |
|                                                 | ☐ Chapter 11                  |                                   |
|                                                 | ☐ Chapter 12                  |                                   |
|                                                 | ■ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:                                                                           | Identify Yourself                                                                      |                                          |                                               |
|-----|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|
|     |                                                                                 |                                                                                        | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                                                                             | r full name                                                                            |                                          |                                               |
|     |                                                                                 | e the name that is on                                                                  | Curtis                                   |                                               |
|     | your government-issued<br>picture identification (for<br>example, your driver's |                                                                                        | First name                               | First name                                    |
|     | licer                                                                           | se or passport).                                                                       | Middle name                              | Middle name                                   |
|     |                                                                                 | g your picture                                                                         | Harper                                   |                                               |
|     | identification to your meeting with the trustee.                                | Last name and Suffix (Sr., Jr., II, III)                                               | Last name and Suffix (Sr., Jr., II, III) |                                               |
| 2.  |                                                                                 | other names you have<br>d in the last 8 years                                          |                                          |                                               |
|     |                                                                                 | ide your married or<br>den names.                                                      |                                          |                                               |
| 3.  | you<br>num<br>Indi                                                              | the last 4 digits of Social Security ober or federal vidual Taxpayer tification number | xxx-xx-1731                              |                                               |
|     |                                                                                 |                                                                                        |                                          |                                               |

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Debtor 1 Curtis Harper

Case number (if known)

|    |                                                                                                                                                | About Debtor 1:                                                                                                                                                                           | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs                                                                                                                      | ☐ I have not used any business name or EINs.  Business name(s)  EINs                                                                                                                      |
| 5. | Where you live                                                                                                                                 | 17127 S University                                                                                                                                                                        | If Debtor 2 lives at a different address:                                                                                                                                                 |
|    |                                                                                                                                                | South Holland, IL 60473  Number, Street, City, State & ZIP Code                                                                                                                           | Number, Street, City, State & ZIP Code                                                                                                                                                    |
|    |                                                                                                                                                | Cook County                                                                                                                                                                               | County                                                                                                                                                                                    |
|    |                                                                                                                                                | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                |
|    |                                                                                                                                                | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          |
| 6. | Why you are choosing this district to file for bankruptcy                                                                                      | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|    |                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                           |

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Document Page 3 of 72 Case number (if known) Debtor 1 **Curtis Harper** Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the Yes. last 8 years? **Northern District of** 11/21/13 13-45172 Illinois When District Case number **Northern District of** 4/09/13 13-14825 Illinois When Case number District District See Attachment When Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District

## 11. Do you rent your residence?

■ No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Document Page 4 of 72 Case number (if known) Debtor 1 **Curtis Harper** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Curtis Harper

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ] | I am not required to receive a briefing about credit |
|---|------------------------------------------------------|
|   | counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 **Curtis Harper** Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000** 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Curtis Harper Signature of Debtor 2 **Curtis Harper** Signature of Debtor 1 Executed on Executed on January 9, 2017 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Curtis Harper Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Bennie W Fernandez                 | Date          | January 9, 2017         |
|----------------------------------------|---------------|-------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY          |
| Bennie W Fernandez                     |               |                         |
| Printed name                           |               |                         |
| Fernandez & Associates                 |               |                         |
| Firm name                              |               |                         |
| 108 Madison                            |               |                         |
| Oak Park, IL 60302                     |               |                         |
| Number, Street, City, State & ZIP Code |               |                         |
| Contact phone <b>708-386-1812</b>      | Email address | bennie161@sbcglobal.net |
| Bar number & State                     |               |                         |

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Debtor 1 Curtis Harper Document Page 8 of 72 Case number (if known)

| Fill in this infor     | mation to identify your  | case:             |             |                      |
|------------------------|--------------------------|-------------------|-------------|----------------------|
| Debtor 1               | Curtis Harper            |                   |             |                      |
|                        | First Name               | Middle Name       | Last Name   |                      |
| Debtor 2               |                          |                   |             |                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name   |                      |
| United States B        | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                      |
| Case number (if known) |                          |                   |             | ☐ Check if this is a |
|                        |                          |                   |             | amended filing       |

### FORM 101. VOLUNTARY PETITION

### **Prior Bankruptcy Cases Filed Attachment**

| District                      | Case Number | Date Filed |
|-------------------------------|-------------|------------|
| Northern District of Illinois | 13-45172    | 11/21/13   |
| Northern District of Illinois | 13-14825    | 4/09/13    |
| Northern District of Illinois | 12-29772    | 7/27/12    |
| Northern District of Illinois | 11-49020    | 12/06/11   |

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|-----------------------------------------|-------------------------|---------------------|-----------------|--|
| Fill in this infor                      | mation to identify your | case:               |                 |  |
| Debtor 1                                | Curtis Harper           |                     |                 |  |
|                                         | First Name              | Middle Name         | Last Name       |  |
| Debtor 2                                |                         |                     |                 |  |
| (Spouse if, filing)                     | First Name              | Middle Name         | Last Name       |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT ( | OF ILLINOIS     |  |
| Case number                             |                         |                     |                 |  |

### Official Form 106Sum

(if known)

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |                                                                                                                                                                                                    | Your as     | ssets<br>of what you own      |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                               | \$          | 30,000.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$          | 9,685.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$          | 39,685.00                     |
| Pai | t 2: Summarize Your Liabilities                                                                                                                                                                    |             |                               |
|     |                                                                                                                                                                                                    |             | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 13,895.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 4,569.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$          | 69,077.73                     |
|     | Your total liabilities                                                                                                                                                                             | \$          | 87,541.73                     |
| Paı | t 3: Summarize Your Income and Expenses                                                                                                                                                            |             |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$          | 2,133.33                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$          | 1,738.00                      |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |             |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |             |                               |

the court with your other schedules. Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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Case number (if known) Debtor 1 Curtis Harper

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

2,584.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total | claim    |
|------------------------------------------------------------------------------------------------------------------------------|-------|----------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$    | 4,569.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$    | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$    | 0.00     |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$    | 1,864.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$    | 6,433.00 |

| С                                                                                 | ase 17-00507 [                                                     | 200 1 Filed 01/09<br>Docume                                                                        | _                                                                  | 09/17 11:09:52<br>2                                  | Desc Main                            |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|--------------------------------------|
| Fill in this info                                                                 | rmation to identify your                                           |                                                                                                    |                                                                    |                                                      |                                      |
| Debtor 1                                                                          | Curtis Harper                                                      |                                                                                                    |                                                                    |                                                      |                                      |
| Debtor 2                                                                          | First Name                                                         | Middle Name                                                                                        | Last Name                                                          |                                                      |                                      |
| (Spouse, if filing)                                                               | First Name                                                         | Middle Name                                                                                        | Last Name                                                          |                                                      |                                      |
| United States B                                                                   | ankruptcy Court for the:                                           | NORTHERN DISTRICT C                                                                                | F ILLINOIS                                                         |                                                      |                                      |
| Case number                                                                       |                                                                    |                                                                                                    |                                                                    |                                                      | ☐ Check if this is an amended filing |
| n each category,<br>think it fits best.<br>information. If mo<br>Answer every que | Be as complete and accura<br>re space is needed, attach<br>estion. | e items. List an asset only or<br>ite as possible. If two married<br>a separate sheet to this form | I people are filing together, bo<br>. On the top of any additional | oth are equally responsible pages, write your name a |                                      |
| Part 1: Describe                                                                  | e Each Residence, Building                                         | j, Land, or Other Real Estate                                                                      | You Own or Have an Interest                                        | In                                                   |                                      |
| 1. Do you own or                                                                  | have any legal or equitable                                        | e interest in any residence, b                                                                     | uilding, land, or similar prope                                    | rty?                                                 |                                      |
| ☐ No. Go to Pa                                                                    | art 2.                                                             |                                                                                                    |                                                                    |                                                      |                                      |
| Yes. Where                                                                        | is the property?                                                   |                                                                                                    |                                                                    |                                                      |                                      |
| 1.1                                                                               |                                                                    | What is the p                                                                                      | property? Check all that apply                                     |                                                      |                                      |
|                                                                                   | University                                                         | Single                                                                                             | -family home                                                       |                                                      | cured claims or exemptions. Put      |
| Street address                                                                    | s, if available, or other description                              | ☐ Duple:                                                                                           | c or multi-unit building                                           |                                                      | secured claims on Schedule D:        |

|                                                                       |                          |                                   | What is the property? Check all the                                                                        | at apply                                                                                                                                                      |                                                                                                                                                      |  |
|-----------------------------------------------------------------------|--------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 17127 S University Street address, if available, or other description |                          |                                   | <b>–</b> '                                                                                                 | the amount of any se<br>Creditors Who Have                                                                                                                    | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |  |
| South Holland                                                         | IL                       | 60473-0000                        | Land                                                                                                       | Current value of the entire property?                                                                                                                         | portion you own?                                                                                                                                     |  |
| City                                                                  | State                    | ZIP Code                          | ☐ Timeshare ☐ Other                                                                                        | Describe the nature (such as fee simple                                                                                                                       | of your ownership interest<br>tenancy by the entireties, o                                                                                           |  |
| County                                                                |                          |                                   | At least one of the debtors  Other information you wish to a  property identification number:              | and another Check if this is (see instructions)                                                                                                               | community property                                                                                                                                   |  |
|                                                                       | South Holland City  Cook | South Holland IL City State  Cook | Street address, if available, or other description  South Holland IL 60473-0000  City State ZIP Code  Cook | Single-family home   Duplex or multi-unit building   Condominium or cooperation   Manufactured or mobile how   Land   Investment property   Timeshare   Other | Street address, if available, or other description    Duplex or multi-unit building                                                                  |  |

pages you have attached for Part 1. Write that number here.....=> Part 2: Describe Your Vehicles

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

\$30,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known) Document Debtor 1 **Curtis Harper** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another 2006 Ford Econoline Cargo Van \$6,475.00 \$6,475.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Cavalier Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2002 Year: Debtor 2 only Current value of the Current value of the 100000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$2,200.00 \$2,200.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$8,675.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Yes. Describe.....

Household Items

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

☐ Yes. Describe.....

\$400.00

| Deb  | tor 1                     | Case 17-00507                                                          | Doc 1            | Filed 01/09/17<br>Document                         | Entered 01/0<br>Page 13 of 72 |                          | Desc Main                                                                         |
|------|---------------------------|------------------------------------------------------------------------|------------------|----------------------------------------------------|-------------------------------|--------------------------|-----------------------------------------------------------------------------------|
|      | _                         |                                                                        |                  |                                                    |                               | ,                        |                                                                                   |
| E    | xamples<br>No             | nt for sports and hobbies: Sports, photographic, e musical instruments |                  | other hobby equipment;                             | picycles, pool tables,        | golf clubs, skis; canoes | and kayaks; carpentry tools;                                                      |
| _    | Firearms<br>Example<br>No | s<br>es: Pistols, rifles, shotgun                                      | s, ammunitior    | n, and related equipment                           |                               |                          |                                                                                   |
|      | Yes. D                    | escribe                                                                |                  |                                                    |                               |                          |                                                                                   |
|      | l No                      | es: Everyday clothes, furs                                             | , leather coat   | s, designer wear, shoes                            | accessories                   |                          |                                                                                   |
|      |                           | Wearin                                                                 | g Apparel        |                                                    |                               |                          | \$300.00                                                                          |
|      |                           | Wearing                                                                | ig Apparei       |                                                    |                               |                          |                                                                                   |
|      | No .                      | es: Everyday jewelry, cost                                             | tume jewelry,    | engagement rings, wed                              | ding rings, heirloom je       | ewelry, watches, gems,   | gold, silver                                                                      |
|      | Example<br>No             | n animals es: Dogs, cats, birds, hors escribe                          | ses              |                                                    |                               |                          |                                                                                   |
|      | No                        | er personal and househouse specific information                        |                  | u did not already list, iı                         | ncluding any health           | aids you did not list    |                                                                                   |
| 15.  |                           | e dollar value of all of yo<br>t 3. Write that number h                |                  |                                                    |                               | you have attached        | \$700.00                                                                          |
| Part | 4: Desc                   | ribe Your Financial Assets                                             | ;                |                                                    |                               |                          |                                                                                   |
| Doy  | ou own                    | or have any legal or eq                                                | quitable inter   | est in any of the follow                           | ing?                          |                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|      | Example<br>No             | es: Money you have in yo                                               |                  | ·                                                  |                               | when you file your petit | ion                                                                               |
|      |                           | 0. 0.                                                                  |                  | al accounts; certificates counts with the same ins |                               | redit unions, brokerage  | houses, and other similar                                                         |
|      | Yes                       |                                                                        |                  | Institution r                                      | ame:                          |                          |                                                                                   |
|      |                           | 17.1.                                                                  |                  | Chase Ba                                           | nk Checking Acc               | ount                     | \$10.00                                                                           |
|      | Example                   | nutual funds, or publicles: Bond funds, investmen                      |                  |                                                    | ey market accounts            |                          |                                                                                   |
|      | No<br>Yes                 | 1                                                                      | nstitution or is | ssuer name:                                        |                               |                          |                                                                                   |

Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) Document Debtor 1 **Curtis Harper** 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

### 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

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Case number (if known) Document Debtor 1 **Curtis Harper** 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  $\square$  Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$10.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes. Go to line 38 Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No Yes. Describe..... \$300.00 Pullman Bank Checking Account 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No ☐ Yes. Describe..... 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ■ No ☐ Yes. Describe.....

Schedule A/B: Property

Official Form 106A/B

Case 17-00507

Doc 1

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| Deptor 1          | Curtis Harper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Case number (if known)    | -                       |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|-------------------------|
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
| i. Inven          | tory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                           |                         |
| ■ No              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
| ☐ Yes             | s. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                           |                         |
| 2. Intere         | ests in partnerships or joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                           |                         |
| ■ No              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
| ☐ Yes             | Give specific information about them                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                           |                         |
|                   | Name of entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | % of ownership:           |                         |
| 3. Custo          | omer lists, mailing lists, or other compilations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                           |                         |
| No.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
| ☐ Do y            | our lists include personally identifiable information (as defined in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n 11 U.S.C. § 101(41A))?  |                           |                         |
|                   | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                           |                         |
|                   | ☐ Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
| 1 Any h           | ousiness-related property you did not already list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                           |                         |
| +. Ally L<br>■ No | disiness-related property you did not already list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                           |                         |
|                   | s. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                           |                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
|                   | the dollar value of all of your entries from Part 5, include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                           | \$300.00                |
| for F             | Part 5. Write that number here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                           | Ψ300.00                 |
| Part 6: D         | escribe Any Farm- and Commercial Fishing-Related Property Yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ou Own or Hove on Interes | st In                     |                         |
|                   | you own or have an interest in farmland, list it in Part 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ou Own or have an interes | ot III.                   |                         |
| 6. <b>Do vo</b>   | ou own or have any legal or equitable interest in any farr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n- or commercial fishin   | ig-related property?      |                         |
| _                 | o. Go to Part 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | J                         |                         |
| ☐ Ye              | es. Go to line 47.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                           |                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                           |                         |
| Part 7:           | Describe All Property You Own or Have an Interest in That Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ou Did Not List Above     |                           |                         |
|                   | ou have other property of any kind you did not already li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | st?                       |                           |                         |
| Exan ■ No         | nples: Season tickets, country club membership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                           |                         |
|                   | s. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                           |                         |
| <b>—</b> 103      | . Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                           |                         |
| 4. <b>Add</b>     | the dollar value of all of your entries from Part 7. Write                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | that number here          |                           | \$0.00                  |
|                   | I to the state of |                           |                           |                         |
| Part 8:           | List the Totals of Each Part of this Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                           |                         |
|                   | 1: Total real estate, line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                           | \$30,000.00             |
|                   | 2: Total vehicles, line 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$8,675.00                |                           |                         |
|                   | 3: Total personal and household items, line 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$700.00                  |                           |                         |
|                   | 4: Total financial assets, line 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$10.00                   |                           |                         |
|                   | 5: Total business-related property, line 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$300.00                  |                           |                         |
|                   | 6: Total farm- and fishing-related property, line 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0.00                    |                           |                         |
| ı. Part           | 7: Total other property not listed, line 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | + \$0.00                  |                           |                         |
| 2. Tota           | al personal property. Add lines 56 through 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$9,685.00                | Copy personal property to | otal <b>\$9,685.0</b> 0 |

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$39,685.00

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Page 17 of 72 Document Fill in this information to identify your case: Debtor 1 **Curtis Harper** Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | ne Property | You Claim | as Exempt |
|---------|------------|-------------|-----------|-----------|
|---------|------------|-------------|-----------|-----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |                                                                 | Specific laws that allow exemption |
|----------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------|
|                                                                                        | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                    |
| 17127 S University South Holland, IL<br>60473 Cook County                              | \$30,000.00                          |                                   | \$15,000.00                                                     | 735 ILCS 5/12-901                  |
| Property also has a vacant lot Line from Schedule A/B: 1.1                             |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2006 Ford Econoline Cargo Van                                                          | \$6,475.00                           |                                   | \$2,400.00                                                      | 735 ILCS 5/12-1001(c)              |
| Line Horri Schedule A/B. 3.1                                                           |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Items Line from Schedule A/B: 6.1                                            | \$400.00                             |                                   | \$400.00                                                        | 735 ILCS 5/12-1001(b)              |
| Line Horri Schedule A/B. V.1                                                           |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wearing Apparel Line from Schedule A/B: 11.1                                           | \$300.00                             |                                   | \$300.00                                                        | 735 ILCS 5/12-1001(a) }            |
| Line nom Schedule A.B. 11.1                                                            |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Chase Bank Checking Account Line from Schedule A/B: 17.1                               | \$10.00                              |                                   | \$10.00                                                         | 735 ILCS 5/12-1001(b)              |
| LINE HOIN Schedule A/B. 11.1                                                           |                                      |                                   | 100% of fair market value, up to                                |                                    |

Entered 01/09/17 11:09:52 Document Page 18 of 72 **Curtis Harper** Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Pullman Bank Checking Account** 735 ILCS 5/12-1001(b) \$300.00 \$300.00 Line from Schedule A/B: 38.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Filed 01/09/17

Case 17-00507

Yes

Doc 1

Desc Main

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|                          |                              | Document P                                                                                     | age 19       | of 72                             |                                              |                   |
|--------------------------|------------------------------|------------------------------------------------------------------------------------------------|--------------|-----------------------------------|----------------------------------------------|-------------------|
| Fill in this inform      | nation to identify you       |                                                                                                |              |                                   |                                              |                   |
| Debtor 1                 | Curtic Horner                |                                                                                                |              |                                   |                                              |                   |
| Debior 1                 | Curtis Harper First Name     | Middle Name La                                                                                 | ast Name     |                                   |                                              |                   |
| Debtor 2                 |                              |                                                                                                |              |                                   |                                              |                   |
| (Spouse if, filing)      | First Name                   | Middle Name La                                                                                 | ast Name     |                                   |                                              |                   |
| United States Bar        | nkruptcy Court for the:      | NORTHERN DISTRICT OF ILLING                                                                    | ois          |                                   |                                              |                   |
| Office Otates Bal        | intropiety Court for the.    | NONTHERN BIOTHOT OF ILLING                                                                     | JIO          |                                   |                                              |                   |
| Case number _            |                              |                                                                                                |              |                                   |                                              |                   |
| (if known)               |                              |                                                                                                |              |                                   |                                              | if this is an     |
|                          |                              |                                                                                                |              |                                   | amend                                        | led filing        |
| Official Forn            | n 106D                       |                                                                                                |              |                                   |                                              |                   |
|                          |                              | Who Hove Claims So                                                                             | ouro.        | l by Droport                      | . ,                                          | 40/45             |
| Schedule                 | D. Creditors                 | Who Have Claims Se                                                                             | curec        | by Propert                        | <u>y                                    </u> | 12/15             |
|                          |                              | f two married people are filing together, but, number the entries, and attach it to t          |              |                                   |                                              |                   |
| ,                        | have claims secured by       | your property?                                                                                 |              |                                   |                                              |                   |
|                          | -                            | nis form to the court with your other sch                                                      | nedules. Yo  | ou have nothing else t            | o report on this form.                       |                   |
| _                        |                              | ·                                                                                              | loddios. To  | ou have nouning clock             | o report on this form.                       |                   |
|                          | all of the information b     | Delow.                                                                                         |              |                                   |                                              |                   |
| Part 1: List A           | II Secured Claims            |                                                                                                |              | 0-1                               | O-him D                                      | 0-1               |
|                          |                              | nore than one secured claim, list the credito                                                  |              | Column A                          | Column B                                     | Column C          |
|                          |                              | a particular claim, list the other creditors in<br>cal order according to the creditor's name. | Part 2. As   | Amount of claim Do not deduct the | Value of collateral that supports this       | Unsecured portion |
|                          | or and diamno in dipriduosis | out of a contracting to the discussion of harmon                                               |              | value of collateral.              | claim                                        | If any            |
|                          | inty Treasurer               | Describe the property that secures the                                                         | claim:       | \$10,000.00                       | \$0.00                                       | \$10,000.00       |
| Creditor's Name          | 9                            |                                                                                                |              |                                   |                                              |                   |
| D.O. Daw                 | 4.400                        |                                                                                                |              |                                   |                                              |                   |
| P.O. Box 4<br>Carol Stre |                              | As of the date you file, the claim is: Che                                                     | ck all that  |                                   |                                              |                   |
| 60197-448                | ,                            | apply.                                                                                         |              |                                   |                                              |                   |
|                          | , City, State & Zip Code     | Contingent                                                                                     |              |                                   |                                              |                   |
| Number, Street           | , City, State & Zip Code     | ☐ Unliquidated ☐ Disputed                                                                      |              |                                   |                                              |                   |
| Who owes the de          | ebt? Check one.              | Nature of lien. Check all that apply.                                                          |              |                                   |                                              |                   |
| ■ Debtor 1 only          |                              | ☐ An agreement you made (such as mor                                                           | dage or sec  | ured                              |                                              |                   |
| Debtor 2 only            |                              | car loan)                                                                                      | igago oi oco | uiou                              |                                              |                   |
| Debtor 1 and De          | obtor 2 only                 | ☐ Statutory lien (such as tax lien, mechai                                                     | nic's lion)  |                                   |                                              |                   |
| _                        | he debtors and another       | ☐ Judgment lien from a lawsuit                                                                 | iic s iieii) |                                   |                                              |                   |
| ☐ Check if this cl       |                              | ☐ Other (including a right to offset)                                                          |              |                                   |                                              |                   |
| community de             |                              |                                                                                                |              |                                   |                                              |                   |
| Date debt was inci       | urrod                        | Last 4 digits of account number                                                                |              |                                   |                                              |                   |
| Date debt was inco       |                              | Last 4 digits of account number                                                                |              |                                   |                                              |                   |
| 2.2 Midwest 1            | Title I oan                  | Describe the property that secures the                                                         | claim:       | \$3,895.00                        | \$6,475.00                                   | \$0.00            |
| Creditor's Name          |                              | 2006 Ford Econoline Cargo Va                                                                   |              | Ψο,οσοίσο                         | Ψο, 41 οίοο                                  | Ψ0.00             |
|                          |                              | 2000 Tora Economic Garge Ve                                                                    |              |                                   |                                              |                   |
|                          |                              |                                                                                                |              |                                   |                                              |                   |
| 2129 S Ci                |                              | As of the date you file, the claim is: Che apply.                                              | ck all that  |                                   |                                              |                   |
| Cicero, IL               | 60804                        | Contingent                                                                                     |              |                                   |                                              |                   |
| Number, Street           | , City, State & Zip Code     | ☐ Unliquidated                                                                                 |              |                                   |                                              |                   |
|                          |                              | ☐ Disputed                                                                                     |              |                                   |                                              |                   |
| Who owes the de          | ebt? Check one.              | Nature of lien. Check all that apply.                                                          |              |                                   |                                              |                   |
| Debtor 1 only            |                              | An agreement you made (such as mor                                                             | tgage or sec | ured                              |                                              |                   |
| Debtor 2 only            |                              | car loan)                                                                                      |              |                                   |                                              |                   |
| Debtor 1 and De          | ebtor 2 only                 | Statutory lien (such as tax lien, mechan                                                       | nic's lien)  |                                   |                                              |                   |
| _                        | he debtors and another       | ☐ Judgment lien from a lawsuit                                                                 |              |                                   |                                              |                   |
| Check if this cl         |                              | Other (including a right to offset)                                                            |              |                                   |                                              |                   |

Date debt was incurred

Last 4 digits of account number

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| Debtor 1 | Curtis Harper     |                              |                                    | Case number (if know) |  |
|----------|-------------------|------------------------------|------------------------------------|-----------------------|--|
|          | First Name        | Middle Name                  | Last Name                          |                       |  |
|          |                   |                              |                                    |                       |  |
| Add the  | dollar value of y | our entries in Column A on   | this page. Write that number here: | \$13,895.00           |  |
|          | the last page of  | your form, add the dollar va | lue totals from all pages.         | \$13,895.00           |  |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 17-00507 Doc 1 Filed 01/09/17 Entered 01/09/17 11:09:52 Desc Main Page 21 of 72 Document Fill in this information to identify your case: Debtor 1 **Curtis Harper** Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount 2.1 Illinois Child Suppo \$4,569.00 \$4,569.00 \$0.00 Last 4 digits of account number 0031 Priority Creditor's Name Opened 02/87 Last 509 S 6th St When was the debt incurred? Active 05/13 Springfield, IL 62701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **Family Support** 

### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debtor 1 Curtis Harper Case number (if know) 4.1 Ad Astra Recovery Serv Last 4 digits of account number 4983 \$1.150.00 Nonpriority Creditor's Name Opened 09/16 Last Active 7330 W 33rd St N Ste 118 When was the debt incurred? 04/16 Wichita, KS 67205 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Speedy Cash 123 ☐ Yes 4.2 **Allied Interstate** \$739.74 Last 4 digits of account number 3353 Nonpriority Creditor's Name When was the debt incurred? 3000 Corporate Exchange Drive 5th Floor Columbus, OH 43231 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Allied Interstate Lic** Last 4 digits of account number 9342 \$1,834.00 Nonpriority Creditor's Name 7525 W Campus Rd When was the debt incurred? **Opened 04/16** New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection Attorney Public Storage

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Debtor 1 Curtis Harper Case number (if know) 4.4 Amer Fst Fin Last 4 digits of account number 0001 \$1.993.00 Nonpriority Creditor's Name Opened 10/13/15 Last Active 7330 W. 33rd Street When was the debt incurred? 6/01/16 Wichita, KS 67205 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Unsecured 4.5 Americash Last 4 digits of account number \$100.00 Nonpriority Creditor's Name When was the debt incurred? 555 Torrence Ave Calumet City, IL 60409 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 **Americash Loans** \$2,130.36 Last 4 digits of account number 7317 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 184 Des Plaines, IL 60016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Case number (if know)

4.7 Arnoldharris Last 4 digits of account number 3362 \$424.00 Nonpriority Creditor's Name 600 West Jackson Suite 710 When was the debt incurred? Opened 9/14/09 Chicago, IL 60661 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection 04 Illinois Tollway ☐ Yes 4.8 **Bay Area Credit Service** Last 4 digits of account number \$1,780.41 Nonpriority Creditor's Name P.O. Box 467600 When was the debt incurred? Atlanta, GA 31146 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.9 **Burns Harbor Fire Department** Last 4 digits of account number \$834.00 Nonpriority Creditor's Name P.O. Box 727 When was the debt incurred? Elkhart, IN 46515 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Debtor 1 Curtis Harper

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Debtor 1 Curtis Harper Case number (if know) 4.1 0001 \$906.31 **CBE Group** Last 4 digits of account number 0 Nonpriority Creditor's Name 131 Tower Park Drive When was the debt incurred? Suite 1 Waterloo, IA 50702 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Verizon Wireless ☐ Yes 4.1 Chicago Public Library \$100.00 Last 4 digits of account number Nonpriority Creditor's Name 400 S State Street When was the debt incurred? Chicago, IL 60605 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 City of Chicago \$444.00 Last 4 digits of account number Nonpriority Creditor's Name **Department of Revenue** When was the debt incurred? P.O. Box 88292 Chicago, IL 60680-1292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Case number (if know)

| Den      | Curus narper                                                                                      |                                                            | Case number (ii know)                         |          |
|----------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|----------|
| 4.1<br>3 | Com Ed                                                                                            | Last 4 digits of account number                            | 9105                                          | \$306.24 |
|          | Nonpriority Creditor's Name P.O. Box 6111                                                         | When was the debt incurred?                                |                                               |          |
|          | Carol Stream, IL 60197-6111  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |          |
|          | Debtor 1 only                                                                                     | ☐ Contingent                                               |                                               |          |
|          | □ Debtor 2 only                                                                                   | ☐ Unliquidated                                             |                                               |          |
|          | Debtor 1 and Debtor 2 only                                                                        | Disputed                                                   |                                               |          |
|          | ☐ At least one of the debtors and another                                                         | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|          | ☐ Check if this claim is for a community                                                          | ☐ Student loans                                            |                                               |          |
|          | debt  Is the claim subject to offset?                                                             |                                                            | aration agreement or divorce that you did not |          |
|          | ■ No                                                                                              | Debts to pension or profit-sharir                          | o plans, and other similar debts              |          |
|          | Yes                                                                                               |                                                            |                                               |          |
| 4.1<br>4 | Custom Coll Srvs Inc                                                                              | Last 4 digits of account number                            | 8386                                          | \$174.00 |
|          | Nonpriority Creditor's Name  55 E 86th Ave Ste A                                                  | When was the debt incurred?                                | Opened 10/13                                  |          |
|          | Merrillville, IN 46410  Number Street City State Zlp Code                                         | As of the date you file, the claim                         | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.                                                                 | As of the date you me, the claim                           | в. Спеск ан тат арргу                         |          |
|          | ■ Debtor 1 only                                                                                   | ☐ Contingent                                               |                                               |          |
|          | Debtor 2 only                                                                                     | ☐ Unliquidated                                             |                                               |          |
|          | Debtor 1 and Debtor 2 only                                                                        | Disputed                                                   |                                               |          |
|          | ☐ At least one of the debtors and another                                                         | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|          | ☐ Check if this claim is for a community                                                          | ☐ Student loans                                            |                                               |          |
|          | debt Is the claim subject to offset?                                                              | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|          | No                                                                                                | Debts to pension or profit-sharing                         | g plans, and other similar debts              |          |
|          | Yes                                                                                               | Other Specify In                                           | Attorney Imaging Associates Of                |          |
| 4.1<br>5 | Devry                                                                                             | Last 4 digits of account number                            |                                               | \$260.00 |
| -        | Nonpriority Creditor's Name One Tower Lane Suite 1000                                             | When was the debt incurred?                                |                                               |          |
|          | Villa Park, IL 60181  Number Street City State Zlp Code                                           | As of the date you file, the claim                         | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.                                                                 | ,                                                          |                                               |          |
|          | Debtor 1 only                                                                                     | ☐ Contingent                                               |                                               |          |
|          | Debtor 2 only                                                                                     | ☐ Unliquidated                                             |                                               |          |
|          | ☐ Debtor 1 and Debtor 2 only                                                                      | ☐ Disputed                                                 |                                               |          |
|          | ☐ At least one of the debtors and another                                                         | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|          | ☐ Check if this claim is for a community                                                          | ☐ Student loans                                            |                                               |          |
|          | debt Is the claim subject to offset?                                                              | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|          | ■ No                                                                                              | Debts to pension or profit-sharing                         | g plans, and other similar debts              |          |
|          | Yes                                                                                               | Other. Specify                                             |                                               |          |
|          |                                                                                                   |                                                            |                                               |          |

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Case number (if know)

| Debto    | Curtis Harper                                                                 | Case number (if know)                                                                                     |            |
|----------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| 4.1<br>6 | Equinox Fin                                                                   | Last 4 digits of account number 6465                                                                      | \$1,625.00 |
|          | Nonpriority Creditor's Name<br>2720 South River Road<br>Des Plaines, IL 60018 | When was the debt incurred?                                                                               |            |
|          | Number Street City State Zlp Code                                             | As of the date you file, the claim is: Check all that apply                                               |            |
|          | Who incurred the debt? Check one.                                             | , , , , , , , , , , , , , , , , , , , ,                                                                   |            |
|          | Debtor 1 only                                                                 | ☐ Contingent                                                                                              |            |
|          | Debtor 2 only                                                                 | ☐ Unliquidated                                                                                            |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                  | □ Disputed                                                                                                |            |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:                                                                      |            |
|          | ☐ Check if this claim is for a community                                      | ☐ Student loans                                                                                           |            |
|          | debt Is the claim subject to offset?                                          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No                                                                          | Debts to pension or profit-sharing plans, and other similar debts                                         |            |
|          | ☐ Yes                                                                         | ■ Other Specify Adt Security Services                                                                     |            |
|          | <b>—</b> 199                                                                  | — Other. Specify                                                                                          |            |
| 4.1      |                                                                               |                                                                                                           |            |
| 7        | Family Medical Care Center                                                    | Last 4 digits of account number                                                                           | \$230.00   |
|          | Nonpriority Creditor's Name 3900 W 95th Street                                | When was the debt incurred?                                                                               |            |
|          | Evergreen Park, IL 60805  Number Street City State Zlp Code                   | As of the date you file, the claim is: Check all that apply                                               |            |
|          | Who incurred the debt? Check one.                                             | As of the date you me, the dam is. Oneck an that apply                                                    |            |
|          | ■ Debtor 1 only                                                               | ☐ Contingent                                                                                              |            |
|          | Debtor 2 only                                                                 | ☐ Unliquidated                                                                                            |            |
|          | <u> </u>                                                                      | <b>—</b>                                                                                                  |            |
|          | Debtor 1 and Debtor 2 only                                                    | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                                          |            |
|          | At least one of the debtors and another                                       | Student loans                                                                                             |            |
|          | ☐ Check if this claim is for a community debt                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|          | Is the claim subject to offset?                                               | report as priority claims                                                                                 |            |
|          | No                                                                            | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|          | □Yes                                                                          | Other. Specify                                                                                            |            |
|          |                                                                               | ' '                                                                                                       |            |
| 4.1      | Fast Cash Advance                                                             | Last 4 digits of account number 0108                                                                      | \$2,027.12 |
|          | Nonpriority Creditor's Name  C/o David Axelrod & Associates                   | When was the debt incurred?                                                                               |            |
|          | 1448 Old Skokie Road                                                          |                                                                                                           |            |
|          | Highland Park, IL 60035                                                       | _                                                                                                         |            |
|          | Number Street City State Zlp Code                                             | As of the date you file, the claim is: Check all that apply                                               |            |
|          | Who incurred the debt? Check one.                                             | _                                                                                                         |            |
|          | Debtor 1 only                                                                 | Contingent                                                                                                |            |
|          | Debtor 2 only                                                                 | Unliquidated                                                                                              |            |
|          | Debtor 1 and Debtor 2 only                                                    | Disputed                                                                                                  |            |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:                                                                      |            |
|          | Check if this claim is for a community                                        | ☐ Student loans                                                                                           |            |
|          | debt Is the claim subject to offset?                                          | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
|          | ■ No                                                                          | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ■ NO                                                                          | Other Consider                                                                                            |            |
|          | 1 1 148                                                                       | Char Cassify                                                                                              |            |

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Debtor 1 Curtis Harper Case number (if know) 4.1 \$3,000.00 First Cash Advance Last 4 digits of account number 9 Nonpriority Creditor's Name C/o David J Axelrod & Associates When was the debt incurred? 1448 Old Skokie Road Highland Park, IL 60035 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 First Payday Loans \$536.69 Last 4 digits of account number 0 Nonpriority Creditor's Name 1513 Sibley Blvd When was the debt incurred? Richton Park, IL Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Fraciscan \$3.342.24 Last 4 digits of account number Nonpriority Creditor's Name St Anthony Health When was the debt incurred? P.O. Box 4628 Hinsdale, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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| Depto | Curtis Harper                                                                                                                                                   |                                                                                                 | Case number (if know)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| .2    | Great Lakes Cr Un  Nonpriority Creditor's Name 2525 Green Bay Rd  North Chicago, IL 60064  Number Street City State Zlp Code  Who incurred the debt? Check one. | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim | 7726  Opened 10/93  is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$1,216.00 |
|       | Debtor 1 only                                                                                                                                                   | Contingent                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                                                                                                    | ☐ Unliquidated☐ Disputed                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | ☐ At least one of the debtors and another                                                                                                                       | Type of NONPRIORITY unsecure                                                                    | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|       | ☐ Check if this claim is for a community debt                                                                                                                   |                                                                                                 | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|       | Is the claim subject to offset?                                                                                                                                 | report as priority claims                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | No                                                                                                                                                              | Debts to pension or profit-sharing                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | Yes                                                                                                                                                             | Other. Specify Credit Card                                                                      | <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| .2    | Hawthorne Credit Union                                                                                                                                          | Last 4 digits of account number                                                                 | 7726                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,216.00 |
|       | Nonpriority Creditor's Name 1519 N Naper Blvd Naperville, IL 60563                                                                                              | When was the debt incurred?                                                                     | Opened 10/12/93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                                                                                             | As of the date you file, the claim                                                              | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|       | Debtor 1 only                                                                                                                                                   | ☐ Contingent                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | Debtor 2 only                                                                                                                                                   | ☐ Unliquidated                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | Debtor 1 and Debtor 2 only                                                                                                                                      | Disputed                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | ☐ At least one of the debtors and another                                                                                                                       | Type of NONPRIORITY unsecure                                                                    | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|       | ☐ Check if this claim is for a community                                                                                                                        | ☐ Student loans                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | debt Is the claim subject to offset?                                                                                                                            | Obligations arising out of a separeport as priority claims                                      | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|       | ■ No                                                                                                                                                            | Debts to pension or profit-sharing                                                              | ng plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|       | Yes                                                                                                                                                             | Other. Specify ChargeAcc                                                                        | count                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
| .2    | Imaging Assoc. of Indiana                                                                                                                                       | Last 4 digits of account number                                                                 | 3723                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$174.00   |
|       | Nonpriority Creditor's Name 55 E 86th Ave Suite A P.O. Box 14369                                                                                                | When was the debt incurred?                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | Merrillville, IN 46411-4369  Number Street City State Zlp Code  Who incurred the debt? Check one.                                                               | As of the date you file, the claim                                                              | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|       | ■ Debtor 1 only                                                                                                                                                 | ☐ Contingent                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | Debtor 2 only                                                                                                                                                   | ☐ Unliquidated                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | ☐ Debtor 1 and Debtor 2 only                                                                                                                                    | Disputed                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|       | ☐ At least one of the debtors and another                                                                                                                       | Type of NONPRIORITY unsecure                                                                    | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|       | ☐ Check if this claim is for a community debt                                                                                                                   | ☐ Student loans ☐ Obligations arising out of a sepa                                             | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|       | Is the claim subject to offset?                                                                                                                                 | report as priority claims                                                                       | and the second s |            |
|       | ■ No                                                                                                                                                            | Debts to pension or profit-sharing                                                              | ng plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|       | □Yes                                                                                                                                                            | Other, Specify                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |

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| 1 Curtis Harper                                                      | Case number (if know)                                                                                     |            |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| Internal Revenue Service                                             | Last 4 digits of account number                                                                           | \$15.000.0 |
| Nonpriority Creditor's Name                                          | Last 4 digits of account number                                                                           | Ψισ,σσσισ  |
| P.O. Box 21126                                                       | When was the debt incurred?                                                                               |            |
| Philadelphia, PA 19114  Number Street City State Zlp Code            | As of the date you file, the claim is: Check all that apply                                               |            |
| Who incurred the debt? Check one.                                    |                                                                                                           |            |
| ■ Debtor 1 only                                                      | ☐ Contingent                                                                                              |            |
| Debtor 2 only                                                        | □ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                         | □ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
| ■ No                                                                 | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| Yes                                                                  | Other. Specify                                                                                            |            |
| Internal Revenue Service                                             | Last 4 digits of account number                                                                           | \$4,369.0  |
| Nonpriority Creditor's Name                                          |                                                                                                           | . ,        |
| P.O. Box 21126                                                       | When was the debt incurred?                                                                               |            |
| Philadelphia, PA 19114 Number Street City State Zlp Code             | As of the date you file, the claim is: Check all that apply                                               |            |
| Who incurred the debt? Check one.                                    |                                                                                                           |            |
| ■ Debtor 1 only                                                      | Contingent                                                                                                |            |
| ☐ Debtor 2 only                                                      | ☐ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                         | □ Disputed                                                                                                |            |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |            |
| debt                                                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
| Is the claim subject to offset?                                      | report as priority claims                                                                                 |            |
| ■ No                                                                 | Debts to pension or profit-sharing plans, and other similar debts                                         |            |
| Yes                                                                  | Other. Specify                                                                                            |            |
| John H Stroger Hospital                                              | Last 4 digits of account number                                                                           | \$500.0    |
| Nonpriority Creditor's Name 1900 W Polk Street                       | When was the debt incurred?                                                                               |            |
| Suite G-16                                                           |                                                                                                           |            |
| Chicago, IL 60612                                                    |                                                                                                           |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |            |
| ■ Debtor 1 only                                                      | ☐ Contingent                                                                                              |            |
| ☐ Debtor 2 only                                                      | ☐ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |            |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |

☐ Yes

Other. Specify

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Case number (if know)

| Deni     | Curtis narper                                              |                                                              | Case number (ii know)                        |          |  |  |
|----------|------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|----------|--|--|
| 4.2<br>8 | Mcsi Inc                                                   | Last 4 digits of account number                              | 3121                                         | \$750.00 |  |  |
|          | Nonpriority Creditor's Name Po Box 327                     | When was the debt incurred?                                  | Opened 1/19/12                               |          |  |  |
|          | Palos Heights, IL 60463  Number Street City State Zlp Code | As of the date you file, the claim                           | s. Chack all that annly                      |          |  |  |
|          | Who incurred the debt? Check one.                          | As of the date you me, the dam's                             | 3. Officer all triat apply                   |          |  |  |
|          | ■ Debtor 1 only                                            | ☐ Contingent                                                 |                                              |          |  |  |
|          | ☐ Debtor 2 only                                            | ☐ Unliquidated                                               |                                              |          |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                               | ☐ Disputed                                                   |                                              |          |  |  |
|          | ☐ At least one of the debtors and another                  | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |  |
|          | ☐ Check if this claim is for a community                   | ☐ Student loans                                              |                                              |          |  |  |
|          | debt Is the claim subject to offset?                       | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |  |  |
|          | ■ No                                                       | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |  |  |
|          | Yes                                                        | Other. Specify Collection                                    | 01 Village Of Riverd                         |          |  |  |
| 4.2<br>9 | Mcsi Inc                                                   | Last 4 digits of account number                              | 3126                                         | \$750.00 |  |  |
|          | Nonpriority Creditor's Name                                | _                                                            |                                              |          |  |  |
|          | Po Box 327<br>Palos Heights, IL 60463                      | When was the debt incurred?                                  | Opened 1/19/12                               |          |  |  |
|          | Number Street City State Zlp Code                          | As of the date you file, the claim                           | s: Check all that apply                      |          |  |  |
|          | Who incurred the debt? Check one.                          |                                                              |                                              |          |  |  |
|          | Debtor 1 only                                              | ☐ Contingent                                                 |                                              |          |  |  |
|          | Debtor 2 only                                              | ☐ Unliquidated                                               |                                              |          |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                               | ☐ Disputed                                                   |                                              |          |  |  |
|          | $\square$ At least one of the debtors and another          | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |  |
|          | ☐ Check if this claim is for a community                   | ☐ Student loans                                              |                                              |          |  |  |
|          | debt                                                       |                                                              | ration agreement or divorce that you did not |          |  |  |
|          | Is the claim subject to offset?  ■ No                      | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debts             |          |  |  |
|          |                                                            | · ·                                                          | • •                                          |          |  |  |
|          | Yes                                                        | Other. Specify Collection                                    | U1 VIIIage Of Riverd                         |          |  |  |
| 4.3<br>0 | Mcsi Inc                                                   | Last 4 digits of account number                              | 3127                                         | \$750.00 |  |  |
|          | Nonpriority Creditor's Name                                | When we the debt incorred?                                   | Opened 4/40/42                               |          |  |  |
|          | Po Box 327<br>Palos Heights, IL 60463                      | When was the debt incurred?                                  | Opened 1/19/12                               |          |  |  |
|          | Number Street City State ZIp Code                          | As of the date you file, the claim                           | s: Check all that apply                      |          |  |  |
|          | Who incurred the debt? Check one.                          |                                                              |                                              |          |  |  |
|          | Debtor 1 only                                              | ☐ Contingent                                                 |                                              |          |  |  |
|          | Debtor 2 only                                              | ☐ Unliquidated                                               |                                              |          |  |  |
|          | Debtor 1 and Debtor 2 only                                 | ☐ Disputed                                                   |                                              |          |  |  |
|          | $\square$ At least one of the debtors and another          | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |  |
|          | Check if this claim is for a community                     | Student loans                                                |                                              |          |  |  |
|          | debt Is the claim subject to offset?                       | Obligations arising out of a separeport as priority claims   |                                              |          |  |  |
|          | No                                                         | Debts to pension or profit-sharin                            | g plans, and other similar debts             |          |  |  |
|          | ☐ Yes                                                      | Other, Specify Collection                                    | <del>-</del> ·                               |          |  |  |
|          | <b>□</b> 162                                               | Other, Specify Collection                                    | o i village oi itivela                       |          |  |  |

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Case number (if know)

| Deni     | OI Curus narper                                                                                |                                                                                 | Case Humber (II know)                        |          |  |
|----------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|----------|--|
| 4.3<br>1 | Mcsi Inc                                                                                       | Last 4 digits of account number                                                 | 3128                                         | \$750.00 |  |
|          | Nonpriority Creditor's Name Po Box 327                                                         | When was the debt incurred?                                                     | Opened 1/19/12                               |          |  |
| 4.3 1    | Palos Heights, IL 60463  Number Street City State Zlp Code  As of the date you file, the claim |                                                                                 |                                              |          |  |
|          | Who incurred the debt? Check one.                                                              |                                                                                 |                                              |          |  |
|          | ■ Debtor 1 only                                                                                | ☐ Contingent                                                                    |                                              |          |  |
|          | ☐ Debtor 2 only                                                                                | ☐ Unliquidated                                                                  |                                              |          |  |
|          | ☐ Debtor 1 and Debtor 2 only                                                                   | ☐ Disputed                                                                      |                                              |          |  |
|          | $\square$ At least one of the debtors and another                                              | Type of NONPRIORITY unsecured                                                   | d claim:                                     |          |  |
|          | $\square$ Check if this claim is for a community                                               | ☐ Student loans                                                                 |                                              |          |  |
|          | debt Is the claim subject to offset?                                                           | ☐ Obligations arising out of a separeport as priority claims                    | ration agreement or divorce that you did not |          |  |
|          | ■ No                                                                                           | Debts to pension or profit-sharing                                              | g plans, and other similar debts             |          |  |
|          | Yes                                                                                            | Other. Specify Collection                                                       | 01 Village Of Riverd                         |          |  |
| 4.3      | Mcsi Inc                                                                                       | Last 4 digits of account number                                                 | 3125                                         | \$500.00 |  |
|          | Nonpriority Creditor's Name                                                                    | _                                                                               | <del></del>                                  |          |  |
|          | Po Box 327                                                                                     | When was the debt incurred?                                                     | Opened 1/19/12                               |          |  |
|          | Palos Heights, IL 60463  Number Street City State Zlp Code                                     | As of the date you file, the claim i                                            | s: Check all that apply                      |          |  |
|          | Who incurred the debt? Check one.                                                              |                                                                                 |                                              |          |  |
|          | ■ Debtor 1 only                                                                                | ☐ Contingent                                                                    |                                              |          |  |
|          | ☐ Debtor 2 only                                                                                | ☐ Unliquidated                                                                  |                                              |          |  |
|          | ☐ Debtor 1 and Debtor 2 only                                                                   | ☐ Disputed                                                                      |                                              |          |  |
|          | $\square$ At least one of the debtors and another                                              | Type of NONPRIORITY unsecured                                                   | Type of NONPRIORITY unsecured claim:         |          |  |
|          | ☐ Check if this claim is for a community                                                       | Student loans                                                                   |                                              |          |  |
|          | debt Is the claim subject to offset?                                                           | Obligations arising out of a separeport as priority claims                      | ration agreement or divorce that you did not |          |  |
| 4.3 2    | No                                                                                             | Debts to pension or profit-sharing                                              | g plans, and other similar debts             |          |  |
|          | Yes                                                                                            | Other. Specify Collection                                                       | 01 Village Of Riverd                         |          |  |
| 4.3      | Municollofam                                                                                   | Last Adiates of account must be                                                 | 5645                                         | \$25.00  |  |
| 3        | Nonpriority Creditor's Name                                                                    | Last 4 digits of account number                                                 |                                              | Ψ23.00   |  |
| 4.3 2    | 3348 Ridge Road                                                                                | When was the debt incurred?                                                     | Opened 4/17/12                               |          |  |
|          | Lansing, IL 60438  Number Street City State Zlp Code                                           | As of the data you file, the claim                                              | Or Charle all that apply                     |          |  |
|          | Who incurred the debt? Check one.                                                              | As of the date you file, the claim                                              | s: Cneck all that apply                      |          |  |
|          | ■ Debtor 1 only                                                                                | ☐ Contingent                                                                    |                                              |          |  |
|          | Debtor 2 only                                                                                  | ☐ Unliquidated                                                                  |                                              |          |  |
|          | Debtor 1 and Debtor 2 only                                                                     | ☐ Disputed                                                                      |                                              |          |  |
|          | ☐ At least one of the debtors and another                                                      | Type of NONPRIORITY unsecured                                                   | d claim:                                     |          |  |
|          | ☐ Check if this claim is for a community                                                       | ☐ Student loans                                                                 |                                              |          |  |
|          | debt                                                                                           | ☐ Obligations arising out of a separation agreement or divorce that you did not |                                              |          |  |
|          | Is the claim subject to offset?                                                                | report as priority claims                                                       |                                              |          |  |
|          | No                                                                                             | Debts to pension or profit-sharing                                              | <del>-</del> •                               |          |  |
|          | ☐ Yes                                                                                          | ■ Other, Specify Collection                                                     | 04 City Of Hometown                          |          |  |

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| Jeb.                 | or 1 Curtis Harper                                           | Case number (if know)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.3<br>1             | National Recoveries of Mnnesota                              | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$260.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| •                    | Nonpriority Creditor's Name<br>14735 Highway 65 NE Suite 100 | When was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4.3 4.3 5            | Andover, MN 55304-4886  Number Street City State Zlp Code    | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Who incurred the debt? Check one.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Debtor 1 only                                                | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Debtor 2 only                                                | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ☐ Debtor 1 and Debtor 2 only                                 | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | $\square$ At least one of the debtors and another            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ☐ Check if this claim is for a community debt                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Is the claim subject to offset?                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ■ No                                                         | lacksquare Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ☐ Yes                                                        | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Bebtor 2 only  Debtor 2 only  Debtor 3 only  Debtor 4 on fish  Debtor 5 on fish  Debtor 5 on fish  Debtor 6 on fish  Debtor 6 on fish  Debtor 7 on fish  Debtor 8 on fish  Debtor 9 only  Debtor 9 onl |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4.3                  | Nicor Gas                                                    | Last 4 digits of account number 9903                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,603.67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4.3 4.3 5.           | Nonpriority Creditor's Name                                  | When we the debt in some 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | P.O. Box 190<br>Aurora, IL 60507                             | when was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Who incurred the debt? Check one.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Debtor 1 only                                                | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Debtor 2 only                                                | As of the date you file, the claim is: Check all that apply    Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ☐ Debtor 1 and Debtor 2 only                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | $\square$ At least one of the debtors and another            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ☐ Check if this claim is for a community debt                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Is the claim subject to offset?                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ■ No                                                         | lacksquare Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Yes                                                          | Other. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4.3                  | Northwest Collectors                                         | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4.3 5                | Nonpriority Creditor's Name                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      | 3601 Algonquin Road                                          | When was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1.3<br>1<br>1.3<br>5 | Suite 232<br>Rolling Meadows, IL 60008-3106                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | not \$1,603.67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                      | Who incurred the debt? Check one.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Debtor 1 only                                                | Nhen was the debt incurred?  Is of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Ype of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not eport as priority claims Other. Specify  In the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Ype of NONPRIORITY unsecured claim: Student loans Other. Specify  So of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Ype of NONPRIORITY unsecured claim: Student loans Other. Specify  So of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Ype of NONPRIORITY unsecured claim: Student loans Other. Specify  Last 4 digits of account number  So of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Ype of NONPRIORITY unsecured claim: Student loans Other. Specify  Last 4 digits of account number  So of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Ype of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not eport as priority claims Obligations arising out of a separation agreement or divorce that you did not eport as priority claims Obligations arising out of a separation agreement or divorce that you did not eport as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Debtor 2 only                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the claim is: Check all that apply  funsecured claim:  ut of a separation agreement or divorce that you did not profit-sharing plans, and other similar debts  at number 9903 \$1,603.67  curred?  the claim is: Check all that apply  funsecured claim:  ut of a separation agreement or divorce that you did not profit-sharing plans, and other similar debts  at number \$200.00  the claim is: Check all that apply  funsecured claim:  ut of a separation agreement or divorce that you did not profit-sharing plans, and other similar debts  ut of a separation agreement or divorce that you did not profit-sharing plans, and other similar debts |
|                      | Debtor 1 and Debtor 2 only                                   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | At least one of the debtors and another                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ☐ Check if this claim is for a community debt                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Is the claim subject to offset?                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | ■ No                                                         | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | □Yes                                                         | When was the debt incurred?  As of the date you file, the claim is: Check all that apply e.  Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts  Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts  Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts  Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts  Contingent Debts to pension or profit-sharing plans, and other similar debts  Contingent Debts to pension or profit-sharing plans, and other similar debts  Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Contingent Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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| 1 Curtis Harper                                              | Case number (if know)                                                                                     |            |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| Nw Collector                                                 | Last 4 digits of account number 5105                                                                      | \$200.00   |
| Nonpriority Creditor's Name 3601 Algonquin Rd                | When was the debt incurred?                                                                               |            |
| Rolling Meadows, IL 60008  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply                                               |            |
| Who incurred the debt? Check one.                            | 7.6 of the date you me, the statin is. Onesk all that apply                                               |            |
| ■ Debtor 1 only                                              | ☐ Contingent                                                                                              |            |
| Debtor 2 only                                                | ☐ Unliquidated                                                                                            |            |
| Debtor 1 and Debtor 2 only                                   | Disputed                                                                                                  |            |
| ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                     | ☐ Student loans                                                                                           |            |
| debt Is the claim subject to offset?                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                         | Debts to pension or profit-sharing plans, and other similar debts                                         |            |
| Yes                                                          | ■ Other. Specify 01 Palos Hills Police Department                                                         |            |
| Oak Law Radiologists                                         | Last 4 digits of account number                                                                           | \$9.60     |
| Nonpriority Creditor's Name                                  | Last 4 digits of account number                                                                           | ψ3.00      |
| P.O. Box 3837                                                | When was the debt incurred?                                                                               |            |
| Springfield, IL 62708  Number Street City State Zlp Code     | As of the date you file, the claim is: Check all that apply                                               |            |
| Who incurred the debt? Check one.                            | As of the date you me, the claim is. Check all that apply                                                 |            |
| ■ Debtor 1 only                                              | ☐ Contingent                                                                                              |            |
| Debtor 2 only                                                | ☐ Unliquidated                                                                                            |            |
| Debtor 1 and Debtor 2 only                                   | ☐ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                     | ☐ Student loans                                                                                           |            |
| debt                                                         | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
| Is the claim subject to offset?                              | report as priority claims                                                                                 |            |
| No                                                           | Debts to pension or profit-sharing plans, and other similar debts                                         |            |
| ☐ Yes                                                        | ■ Other. Specify                                                                                          |            |
| Pinnacle Credit Service                                      | Last 4 digits of account number                                                                           | \$1,599.00 |
| Nonpriority Creditor's Name<br>7900 Highway 7 Suite 100      | When was the debt incurred?                                                                               |            |
| Minneapolis, MN 55426  Number Street City State Zlp Code     | As of the date you file, the claim is: Check all that apply                                               |            |
| Who incurred the debt? Check one.                            | As of the date you file, the claim is. Check all that apply                                               |            |
| Debtor 1 only                                                | ☐ Contingent                                                                                              |            |
| Debtor 2 only                                                | ☐ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                     | ☐ Student loans                                                                                           |            |
| debt Is the claim subject to offset?                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                         | Debts to pension or profit-sharing plans, and other similar debts                                         |            |
| ☐ Yes                                                        | Other. Specify                                                                                            |            |
| — ·                                                          | — Other Specify                                                                                           |            |

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| PLS Loan Store                                        | Last 4 digits of account number                                                                           | \$3,000.0   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|
| Nonpriority Creditor's Name                           | Last 4 digits of account number                                                                           | ψο,σσσ.σ    |
| 1215 E 87th Street                                    | When was the debt incurred?                                                                               |             |
| Chicago, IL 60619  Iumber Street City State ZIp Code  | As of the date you file, the claim is: Check all that apply                                               |             |
| Who incurred the debt? Check one.                     | As of the date you me, the claim is. Check all that apply                                                 |             |
| Debtor 1 only                                         | ☐ Contingent                                                                                              |             |
| Debtor 2 only                                         | ☐ Unliquidated                                                                                            |             |
| Debtor 1 and Debtor 2 only                            | □ Disputed                                                                                                |             |
| ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:                                                                      |             |
| ☐ Check if this claim is for a community              | ☐ Student loans                                                                                           |             |
| lebt s the claim subject to offset?                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No                                                  | □ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| ☐ Yes                                                 | Other. Specify                                                                                            |             |
| Public Storage                                        | Last 4 digits of account number                                                                           | \$0.00      |
| Nonpriority Creditor's Name                           |                                                                                                           | <b>40.0</b> |
| 4001 W 37th Ave                                       | When was the debt incurred?                                                                               |             |
| Hobart, IN 46342<br>Iumber Street City State Zlp Code | As of the date you file, the claim is: Check all that apply                                               |             |
| Vho incurred the debt? Check one.                     | The control and year may also diamine. Onlook all that apply                                              |             |
| Debtor 1 only                                         | ☐ Contingent                                                                                              |             |
| Debtor 2 only                                         | □ Unliquidated                                                                                            |             |
| Debtor 1 and Debtor 2 only                            | □ Disputed                                                                                                |             |
| At least one of the debtors and another               | Type of NONPRIORITY unsecured claim:                                                                      |             |
| Check if this claim is for a community                | ☐ Student loans                                                                                           |             |
| ebt                                                   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |             |
| s the claim subject to offset?                        | report as priority claims                                                                                 |             |
| No No                                                 | Debts to pension or profit-sharing plans, and other similar debts                                         |             |
| Yes                                                   | ■ Other. Specify Locker M0004                                                                             |             |
| Γ-Mobile                                              | Last 4 digits of account number 8477                                                                      | \$147.19    |
| Nonpriority Creditor's Name  P.O. Box 742596          | When was the debt incurred?                                                                               |             |
| Cincinnati, OH 45274-2596                             |                                                                                                           |             |
| Number Street City State Zlp Code                     | As of the date you file, the claim is: Check all that apply                                               |             |
| Who incurred the debt? Check one.                     |                                                                                                           |             |
| Debtor 1 only                                         | Contingent                                                                                                |             |
| Debtor 2 only                                         | Unliquidated                                                                                              |             |
| Debtor 1 and Debtor 2 only                            | Disputed                                                                                                  |             |
| At least one of the debtors and another               | Type of NONPRIORITY unsecured claim:  ☐ Student loans                                                     |             |
| ☐ Check if this claim is for a community lebt         | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |             |
| s the claim subject to offset?                        | report as priority claims                                                                                 |             |
| No No                                                 | Debts to pension or profit-sharing plans, and other similar debts                                         |             |
| ☐ Yes                                                 | Other. Specify                                                                                            |             |

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Debtor 1 Curtis Harper Case number (if know) 4.4 \$1,625.00 Tate & Kirlin Assoc 5772 Last 4 digits of account number 3 Nonpriority Creditor's Name 2810 Southampton Rd When was the debt incurred? **Opened 10/16** Philadelphia, PA 19154 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Adt Security Systems** ☐ Yes Other. Specify The Payday Loan Store \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 16909 Torrence Ave When was the debt incurred? Lansing, IL 60438 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 The Payday Loan Store \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 16909 Torrence Ave When was the debt incurred? Lansing, IL 60438 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 Curtis Harper Case number (if know) 4.4 \$5,000.00 **Toyota Motor Credit** Last 4 digits of account number 6 Nonpriority Creditor's Name 1111 W 22nd Street When was the debt incurred? Suite 420 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 Us Dept Of Ed/glelsi 9581 \$1,864.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/99 Last Active Po Box 7860 When was the debt incurred? 11/30/16 Madison, WI 53707 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.4 Us Employees Cr Un 8150 \$665.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 230 S Dearborn St Ste 29 When was the debt incurred? Opened 5/15/08 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify ChargeAccount ☐ Yes

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| Denioi                                       | Curus narper                                                                            |                                                                 | Dase Humber (II know)                      |          |
|----------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|----------|
| 4.4<br>9                                     | US Employees Credit Union                                                               | Last 4 digits of account number                                 | 2086                                       | \$152.88 |
|                                              | Nonpriority Creditor's Name C/o Walinski & Trunkett 25 E Washington Suite 1221          | When was the debt incurred?                                     |                                            |          |
|                                              | Chicago, IL 60602  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is:                          | Check all that apply                       |          |
|                                              | Debtor 1 only                                                                           | ☐ Contingent                                                    |                                            |          |
|                                              | ☐ Debtor 2 only                                                                         | ☐ Unliquidated                                                  |                                            |          |
|                                              | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                      |                                            |          |
|                                              | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured of                                | claim:                                     |          |
|                                              | ☐ Check if this claim is for a community                                                | Student loans                                                   |                                            |          |
|                                              | debt Is the claim subject to offset?                                                    | ☐ Obligations arising out of a separa report as priority claims | tion agreement or divorce that you did not |          |
|                                              | No                                                                                      | Debts to pension or profit-sharing                              | plans, and other similar debts             |          |
|                                              | Yes                                                                                     | Other. Specify                                                  |                                            |          |
| 4.5                                          | USA Payday Loans                                                                        | Last 4 digits of account number                                 |                                            | \$300.00 |
|                                              | Nonpriority Creditor's Name<br>1759 River Oaks Drive<br>Calumet City, IL 60409          | When was the debt incurred?                                     |                                            |          |
|                                              | Number Street City State Zlp Code                                                       | As of the date you file, the claim is:                          | Check all that apply                       |          |
|                                              | Who incurred the debt? Check one.                                                       |                                                                 |                                            |          |
|                                              | Debtor 1 only                                                                           | ☐ Contingent                                                    |                                            |          |
|                                              | ☐ Debtor 2 only                                                                         | ☐ Unliquidated                                                  |                                            |          |
|                                              | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                      |                                            |          |
|                                              | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured of                                | claim:                                     |          |
|                                              | ☐ Check if this claim is for a community                                                | ☐ Student loans                                                 |                                            |          |
|                                              | debt<br>Is the claim subject to offset?                                                 | ☐ Obligations arising out of a separa report as priority claims | tion agreement or divorce that you did not |          |
|                                              | No                                                                                      | Debts to pension or profit-sharing                              | plans, and other similar debts             |          |
|                                              | Yes                                                                                     | Other. Specify                                                  |                                            |          |
| 4.5                                          | USA Payday Loans                                                                        | Last 4 digits of account number                                 |                                            | \$300.00 |
| <u>.                                    </u> | Nonpriority Creditor's Name 1759 River Oaks Drive                                       | When was the debt incurred?                                     |                                            |          |
|                                              | Calumet City, IL 60409  Number Street City State Zlp Code                               | As of the date you file, the claim is:                          | Check all that apply                       |          |
|                                              | Who incurred the debt? Check one.                                                       | 7.0 0 44.0 , 64 , 6 6.4                                         | onson all that apply                       |          |
|                                              | ■ Debtor 1 only                                                                         | ☐ Contingent                                                    |                                            |          |
|                                              | Debtor 2 only                                                                           | ☐ Unliquidated                                                  |                                            |          |
|                                              | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                      |                                            |          |
|                                              | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured of                                | claim:                                     |          |
|                                              | ☐ Check if this claim is for a community                                                | ☐ Student loans                                                 |                                            |          |
|                                              | debt<br>Is the claim subject to offset?                                                 | ☐ Obligations arising out of a separa report as priority claims | tion agreement or divorce that you did not |          |
|                                              | ■ No                                                                                    | ☐ Debts to pension or profit-sharing                            | plans, and other similar debts             |          |
|                                              | □Yes                                                                                    | Other Specify                                                   |                                            |          |

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| 4.5<br>2                        | Verizon                                       | Wir                             | eless/sou                                                                                                                                                                        | Last 4 digits of account number                                       | 0001       |                          |                                                         | \$768.00                                     |
|---------------------------------|-----------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------|--------------------------|---------------------------------------------------------|----------------------------------------------|
|                                 | Nonpriority                                   | Cred                            | litor's Name                                                                                                                                                                     |                                                                       | 0          | 1 40/4                   |                                                         |                                              |
|                                 | Po Box 4                                      | -                               | L 33802                                                                                                                                                                          | When was the debt incurred?                                           | 8/31/      |                          | 3 Last Active                                           |                                              |
|                                 | Number Str                                    | reet (                          | City State Zlp Code he debt? Check one.                                                                                                                                          | As of the date you file, the claim                                    | is: Check  | call that ap             | pply                                                    |                                              |
|                                 | ■ Debtor                                      |                                 |                                                                                                                                                                                  | ☐ Contingent                                                          |            |                          |                                                         |                                              |
|                                 | ☐ Debtor 2                                    |                                 | ,                                                                                                                                                                                | ☐ Unliquidated                                                        |            |                          |                                                         |                                              |
|                                 |                                               |                                 | d Debtor 2 only                                                                                                                                                                  | ☐ Disputed                                                            |            |                          |                                                         |                                              |
|                                 |                                               |                                 | of the debtors and another                                                                                                                                                       | Type of NONPRIORITY unsecure                                          | d claim:   |                          |                                                         |                                              |
|                                 |                                               |                                 | s claim is for a community                                                                                                                                                       | ☐ Student loans                                                       |            |                          |                                                         |                                              |
|                                 | debt                                          |                                 | bject to offset?                                                                                                                                                                 | ☐ Obligations arising out of a separeport as priority claims          | aration ag | reement o                | r divorce that you did not                              |                                              |
|                                 | ■ No                                          | ıı Jui                          | oject to onsett                                                                                                                                                                  | Debts to pension or profit-sharir                                     | na nlane   | and other                | eimilar dehte                                           |                                              |
|                                 | ☐ Yes                                         |                                 |                                                                                                                                                                                  | Other. Specify                                                        | •          |                          |                                                         |                                              |
| 4.5                             | Village o                                     | of R                            | iverdale                                                                                                                                                                         | Last 4 digits of account number                                       |            |                          |                                                         | \$446.28                                     |
| <u> </u>                        | 157 W 1                                       | 44th                            |                                                                                                                                                                                  | When was the debt incurred?                                           |            |                          |                                                         |                                              |
|                                 | Number Str                                    | reet (                          | L 60827-2707 City State ZIp Code he debt? Check one.                                                                                                                             | As of the date you file, the claim                                    |            |                          |                                                         |                                              |
|                                 | ■ Debtor                                      | 1 onl                           | y                                                                                                                                                                                | ☐ Contingent                                                          |            |                          |                                                         |                                              |
|                                 | ☐ Debtor 2                                    | 2 onl                           | y                                                                                                                                                                                | ☐ Unliquidated                                                        |            |                          |                                                         |                                              |
|                                 | ☐ Debtor                                      | 1 and                           | Debtor 2 only                                                                                                                                                                    | ☐ Disputed                                                            |            |                          |                                                         |                                              |
|                                 | ☐ At least                                    | one                             | of the debtors and another                                                                                                                                                       | Type of NONPRIORITY unsecure                                          | d claim:   |                          |                                                         |                                              |
|                                 | _                                             |                                 | s claim is for a community                                                                                                                                                       | ☐ Student loans                                                       |            |                          |                                                         |                                              |
|                                 | debt<br>Is the clain                          | n sul                           | bject to offset?                                                                                                                                                                 | Obligations arising out of a separeport as priority claims            | aration ag | reement o                | r divorce that you did not                              |                                              |
|                                 | ■ No                                          |                                 |                                                                                                                                                                                  | Debts to pension or profit-sharing                                    | ng plans,  | and other                | similar debts                                           |                                              |
|                                 | ☐ Yes                                         |                                 |                                                                                                                                                                                  | Other. Specify                                                        |            |                          |                                                         |                                              |
| Part 3:                         | List Ot                                       | hers                            | to Be Notified About a Debt                                                                                                                                                      | That You Already Listed                                               |            |                          |                                                         |                                              |
| is trying have notified Part 4: | ng to collect<br>more than o<br>ed for any de | t from<br>one c<br>ebts<br>e Ar | m you for a debt you owe to som<br>reditor for any of the debts that y<br>in Parts 1 or 2, do not fill out or<br>nounts for Each Type of Uns<br>certain types of unsecured claim |                                                                       | Parts 1    | or 2, then<br>editors he | list the collection agency ere. If you do not have addi | here. Similarly, if you tional persons to be |
|                                 |                                               |                                 |                                                                                                                                                                                  |                                                                       |            |                          | Total Claim                                             |                                              |
| _                               | <b>-</b>                                      | 6a.                             | Domestic support obligations                                                                                                                                                     |                                                                       | 6a.        | \$                       | 4,569.00                                                |                                              |
|                                 | Total<br>aims                                 |                                 |                                                                                                                                                                                  |                                                                       |            |                          |                                                         |                                              |
| from P                          | art 1                                         |                                 | Taxes and certain other debts                                                                                                                                                    | _                                                                     | 6b.        | \$                       | 0.00                                                    |                                              |
|                                 |                                               | 6c.<br>6d.                      | •                                                                                                                                                                                | jury while you were intoxicated cured claims. Write that amount here. | 6c.<br>6d. | \$<br>\$                 | 0.00                                                    |                                              |
|                                 |                                               | ou.                             | Other. Add all other priority drise                                                                                                                                              | cured claims. Write that amount here.                                 | ou.        | <b>\$</b>                | 0.00                                                    | $\neg$                                       |
|                                 |                                               | 6e.                             | Total Priority. Add lines 6a throu                                                                                                                                               | gh 6d.                                                                | 6e.        | \$                       | 4,569.00                                                |                                              |
|                                 |                                               |                                 |                                                                                                                                                                                  |                                                                       |            |                          | Total Claim                                             |                                              |
|                                 | Total                                         | 6f.                             | Student loans                                                                                                                                                                    |                                                                       | 6f.        | \$                       | 1,864.00                                                |                                              |
|                                 | Total<br>aims                                 |                                 |                                                                                                                                                                                  |                                                                       |            |                          |                                                         |                                              |
| from P                          | art 2                                         | 6g.                             | Obligations arising out of a ser you did not report as priority of                                                                                                               | paration agreement or divorce that                                    | 6g.        | \$                       | 0.00                                                    |                                              |
|                                 |                                               | 6h.                             |                                                                                                                                                                                  | ing plans, and other similar debts                                    | 6h.        | \$                       |                                                         |                                              |

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Case number (if know)

Debtor 1 Curtis Harner

| DCDIOI I | Curus m | zi hei                                                                            | OddC III |    |           |  |
|----------|---------|-----------------------------------------------------------------------------------|----------|----|-----------|--|
|          |         |                                                                                   |          |    | 0.00      |  |
|          | 6i.     | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i.      | \$ | 67,213.73 |  |
|          | 6j.     | Total Nonpriority. Add lines 6f through 6i.                                       | 6j.      | \$ | 69,077.73 |  |

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Document Page 41 of 72 Fill in this information to identify your case: Debtor 1 **Curtis Harper** Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|-----------------------------------------|
| 2.1 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   |                                         |
|     |           |                           |                       |                   | <u> </u>                                |
|     | Number    | Street                    |                       |                   |                                         |
|     | City      |                           | State                 | ZIP Code          |                                         |
| 2.2 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   |                                         |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   |                                         |
|     |           |                           |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |                                         |
| 2.3 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   |                                         |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   | <u>—</u>                                |
|     |           |                           |                       |                   |                                         |
|     | City      |                           | State                 | ZIP Code          |                                         |
| 2.4 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   | _                                       |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   | _                                       |
|     | Nullibei  | Street                    |                       |                   |                                         |
|     | City      |                           | State                 | ZIP Code          | _                                       |
| 2.5 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   | <u>—</u>                                |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   | <u> </u>                                |
|     |           |                           |                       |                   |                                         |
|     | City      |                           | State                 | ZIP Code          | _                                       |
|     | •         |                           |                       |                   |                                         |

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|                              |                                                                  | Docume                         | ent Page 42 d           | of 72                                                                                                                                                                        |    |
|------------------------------|------------------------------------------------------------------|--------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Fill in this                 | information to identify you                                      | ır case:                       |                         |                                                                                                                                                                              |    |
| Debtor 1                     | Curtis Harper                                                    |                                |                         |                                                                                                                                                                              |    |
|                              | First Name                                                       | Middle Name                    | Last Name               |                                                                                                                                                                              |    |
| Debtor 2<br>(Spouse if, fili | ng) First Name                                                   | Middle Name                    | Last Name               |                                                                                                                                                                              |    |
|                              |                                                                  |                                |                         |                                                                                                                                                                              |    |
| United Sta                   | ites Bankruptcy Court for the:                                   | NORTHERN DISTRICT              | OF ILLINOIS             |                                                                                                                                                                              |    |
| Case num                     | ber                                                              |                                |                         |                                                                                                                                                                              |    |
| (if known)                   |                                                                  |                                |                         | ☐ Check if this is an                                                                                                                                                        |    |
|                              |                                                                  |                                |                         | amended filing                                                                                                                                                               |    |
| Officia                      | l Form 106H                                                      |                                |                         |                                                                                                                                                                              |    |
|                              | lule H: Your Co                                                  | dahtare                        |                         | 12/15                                                                                                                                                                        |    |
| SCITE                        | iule II. Toul Col                                                | uebioi 5                       |                         | 12/15                                                                                                                                                                        | _  |
|                              | and case number (if known you have any codebtors? (              | ,                              |                         | e as a codebtor.                                                                                                                                                             |    |
| ■ No                         | S                                                                |                                |                         |                                                                                                                                                                              |    |
|                              | hin the last 8 years, have yo<br>na, California, Idaho, Louisian |                                |                         | ry? (Community property states and territories include ington, and Wisconsin.)                                                                                               |    |
|                              | . Go to line 3.<br>s. Did your spouse, former sp                 | ouse, or legal equivalent live | e with you at the time? |                                                                                                                                                                              |    |
| in line<br>Form              | e 2 again as a codebtor only                                     | / if that person is a guaran   | tor or cosigner. Make   | r if your spouse is filing with you. List the person show<br>sure you have listed the creditor on Schedule D (Offici<br>06G). Use Schedule D, Schedule E/F, or Schedule G to | al |
|                              | Column 1: Your codebtor<br>Name, Number, Street, City, State and | ZIP Code                       |                         | Column 2: The creditor to whom you owe the debt Check all schedules that apply:                                                                                              |    |
| 3.1                          |                                                                  |                                |                         | ☐ Schedule D, line                                                                                                                                                           |    |
|                              | Name                                                             |                                |                         | Schedule E/F, line                                                                                                                                                           |    |
|                              |                                                                  |                                |                         | ☐ Schedule G, line                                                                                                                                                           |    |
| -                            | Number Street                                                    |                                |                         | _                                                                                                                                                                            |    |
|                              | City                                                             | State                          | ZIP Code                |                                                                                                                                                                              |    |
| 3.2                          |                                                                  |                                |                         | ☐ Schedule D, line                                                                                                                                                           | _  |
|                              | Name                                                             |                                |                         | ☐ Schedule E/F, line                                                                                                                                                         |    |
|                              |                                                                  |                                |                         | ☐ Schedule G, line                                                                                                                                                           |    |
| -                            | Number Street                                                    |                                |                         | _                                                                                                                                                                            |    |
|                              | City                                                             | State                          | ZIP Code                |                                                                                                                                                                              |    |

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| Eill  | in this information to identi                              | fy your ca  | aco.                       |                        |              |      |             |              |                         |                                  |          |
|-------|------------------------------------------------------------|-------------|----------------------------|------------------------|--------------|------|-------------|--------------|-------------------------|----------------------------------|----------|
|       |                                                            | is Harpe    |                            |                        |              |      |             |              |                         |                                  |          |
|       | otor 2  ouse, if filing)                                   |             |                            |                        |              | _    |             |              |                         |                                  |          |
| Uni   | ted States Bankruptcy Cou                                  | urt for the | NORTHERN DISTRIC           | CT OF ILLINOIS         |              | _    |             |              |                         |                                  |          |
|       | se number<br>nown)                                         |             |                            | -                      |              |      |             |              | ed filing<br>ent showin | g postpetition<br>ollowing date: | chapter  |
| 0     | fficial Form 106                                           | <u> </u>    |                            |                        |              |      | N           | /IM / DD/ Y  | YYYY                    |                                  |          |
| S     | chedule I: You                                             | r Inco      | ome                        |                        |              |      |             |              |                         |                                  | 12/15    |
| atta  | tale Describe Employment information.                      | is form. (  |                            |                        |              |      |             | umber (if    | known). A               |                                  |          |
|       | If you have more than on                                   | ne iob      |                            | ■ Employed             |              |      |             | ☐ Empl       |                         | <u> </u>                         |          |
|       | attach a separate page with information about additional   |             | Employment status          | ☐ Not employed         |              |      |             |              | mployed                 |                                  |          |
|       | employers.                                                 |             | Occupation                 | Truck Driver           |              |      |             |              |                         |                                  |          |
|       | Include part-time, seasor self-employed work.              | nal, or     | Employer's name            | Tovar Snow Re          | moval        |      |             |              |                         |                                  |          |
|       | Occupation may include or homemaker, if it applies         |             | Employer's address         | Dundee, IL             |              |      |             |              |                         |                                  |          |
|       |                                                            |             | How long employed t        | here?                  |              |      |             | _            |                         |                                  |          |
| Par   | t 2: Give Details Ab                                       | oout Mon    | thly Income                |                        |              |      |             |              |                         |                                  |          |
|       | mate monthly income as<br>use unless you are separat       |             | ate you file this form. If | you have nothing to I  | report for   | any  | line, write | e \$0 in the | space. In               | clude your noi                   | n-filing |
| If yo | ou or your non-filing spouse<br>e space, attach a separate | have mo     | re than one employer, co   | ombine the information | on for all e | empl | oyers for   | that perso   | on on the li            | nes below. If                    | you need |
|       |                                                            |             |                            |                        |              |      | For Del     | btor 1       |                         | btor 2 or<br>ing spouse          |          |
| 2.    | List monthly gross wag deductions). If not paid r          |             |                            |                        | 2.           | \$   | 2           | ,184.00      | \$                      | N/A                              |          |
| 3.    | Estimate and list month                                    | nly overti  | me pay.                    |                        | 3.           | +\$  |             | 0.00         | +\$                     | N/A                              |          |
| 4.    | Calculate gross Income                                     | e. Add lin  | e 2 + line 3.              |                        | 4.           | \$   | 2,1         | 84.00        | \$                      | N/A                              |          |

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| Deb | tor 1         | Curtis Harper                                                                                                                                                                                                                                                                            | -          | Ca       | se number (if know | vn)       |          |                       |                  |                 |
|-----|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------------|-----------|----------|-----------------------|------------------|-----------------|
|     |               |                                                                                                                                                                                                                                                                                          |            | F        | or Debtor 1        |           |          | Debtor 2<br>filing sp |                  |                 |
|     | Сор           | y line 4 here                                                                                                                                                                                                                                                                            | 4.         | \$       | 2,184.0            | 00        | \$       | ımıng op              | N/A              |                 |
| 5.  | l ist         | all payroll deductions:                                                                                                                                                                                                                                                                  |            |          |                    |           |          |                       |                  |                 |
| 0.  | 5a.           | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                            | 5a.        | \$       | 450.0              | <b>37</b> | \$       |                       | N/A              |                 |
|     | 5b.           | Mandatory contributions for retirement plans                                                                                                                                                                                                                                             | 5b.        |          |                    |           | \$       |                       | N/A              | _               |
|     | 5c.           | Voluntary contributions for retirement plans                                                                                                                                                                                                                                             | 5c.        |          |                    |           | \$-      |                       | N/A              | _               |
|     | 5d.           | Required repayments of retirement fund loans                                                                                                                                                                                                                                             | 5d.        |          |                    |           | \$       |                       | N/A              | -               |
|     | 5e.           | Insurance                                                                                                                                                                                                                                                                                | 5e.        | _ :      | 0.0                |           | \$       |                       | N/A              | _               |
|     | 5f.           | Domestic support obligations                                                                                                                                                                                                                                                             | 5f.        | \$       |                    | 00        | \$       |                       | N/A              | -               |
|     | 5g.           | Union dues                                                                                                                                                                                                                                                                               | 5g.        | \$       | 0.0                | 00        | \$       |                       | N/A              | =               |
|     | 5h.           | Other deductions. Specify:                                                                                                                                                                                                                                                               | 5h.        |          |                    |           | + \$     |                       | N/A              | _               |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                               | 6.         | \$       | 450.0              | 67        | \$       |                       | N/A              | -               |
| 7.  | Calc          | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                         | 7.         | \$       | 1,733.             | 33        | \$       |                       | N/A              |                 |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.          | 8a.        | \$       | 0.0                | 20        | \$       |                       | N/A              |                 |
|     | 8b.           | Interest and dividends                                                                                                                                                                                                                                                                   | 8b.        |          |                    |           | \$       |                       | N/A              |                 |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                       | 8c.        |          |                    |           | \$       |                       | N/A              | _               |
|     | 8d.           | Unemployment compensation                                                                                                                                                                                                                                                                | 8d.        |          |                    |           | \$       |                       | N/A              | -               |
|     | 8e.<br>8f.    | Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8e.<br>8f. | \$       |                    |           | \$<br>\$ |                       | N/A              | -               |
|     | 8g.           | Pension or retirement income                                                                                                                                                                                                                                                             | <br>8g.    | \$       | 0.0                | 00        | \$       |                       | N/A              | -               |
|     | 8h.           | Other monthly income. Specify: Handy Man Work                                                                                                                                                                                                                                            | _ 8h.      | + \$     | 400.0              | 00        | + \$     |                       | N/A              | -               |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                     | 9.         | \$_      | 400.0              | 00        | \$       |                       | N/A              | A               |
| 10  | Calc          | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                              | 10. \$     | <u> </u> | 2,133.33 +         | \$        |          | N/A :                 | = \$             | 2.133.33        |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                   | .0.        |          | 2,100.00           | Δ-        |          | 14/7                  |                  | 2,100.00        |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:                 | deper      |          |                    |           |          | chedule<br>11.        |                  | 0.00            |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines                                                                                                                                 |            |          |                    |           |          | 12.                   | \$               | 2,133.33        |
| 13. | Do y          | you expect an increase or decrease within the year after you file this form                                                                                                                                                                                                              | ?          |          |                    |           |          |                       | Combii<br>monthl | ned<br>y income |
|     |               | No. Yes Explain:                                                                                                                                                                                                                                                                         |            |          |                    |           |          |                       |                  |                 |

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| Filli        | n this inf <u>orma</u>     | tion to identify y                                   | our case:        |                                                              |                                        | 1                                                                            |                                   |                                                         |  |  |  |  |
|--------------|----------------------------|------------------------------------------------------|------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------|--|--|--|--|
| Debt         |                            | Curtis Harpe                                         |                  |                                                              |                                        | Ch∈                                                                          | eck if this is: An amended filing | ר                                                       |  |  |  |  |
| Debt<br>(Spo | tor 2<br>buse, if filing)  |                                                      |                  |                                                              |                                        | A supplement showing postpetition chap 13 expenses as of the following date: |                                   |                                                         |  |  |  |  |
| Unite        | ed States Bankr            | uptcy Court for the                                  | : NORTH          | IERN DISTRICT OF ILLIN                                       | OIS                                    | MM / DD / YYYY                                                               |                                   |                                                         |  |  |  |  |
|              | e number<br>nown)          |                                                      |                  |                                                              |                                        |                                                                              |                                   |                                                         |  |  |  |  |
|              |                            | rm 106J                                              |                  |                                                              |                                        |                                                                              |                                   |                                                         |  |  |  |  |
|              |                            | J: Your                                              |                  | <b>ISES</b><br>. If two married people ar                    | o filing together b                    | oth are say                                                                  | uelly recognished                 | 12/1                                                    |  |  |  |  |
| info         | rmation. If m              |                                                      | eded, atta       | ch another sheet to this                                     |                                        |                                                                              |                                   |                                                         |  |  |  |  |
| Part         | 1: Descr                   | ribe Your House                                      | ehold            |                                                              |                                        |                                                                              |                                   |                                                         |  |  |  |  |
|              | ■ No. Go to                | line 2.                                              | in a separ       | ate household?                                               |                                        |                                                                              |                                   |                                                         |  |  |  |  |
|              | □и                         | 0                                                    | ·                | al Form 106J-2, <i>Expense</i> s                             | for Separate House                     | ehold of De                                                                  | btor 2.                           |                                                         |  |  |  |  |
| 2.           | Do you have                | e dependents?                                        | ■ No             |                                                              |                                        |                                                                              |                                   |                                                         |  |  |  |  |
|              | Do not list D<br>Debtor 2. | ebtor 1 and                                          | ☐ Yes.           | Fill out this information for each dependent                 | Dependent's relat<br>Debtor 1 or Debto |                                                                              | Dependent's age                   | Does dependent live with you?                           |  |  |  |  |
|              | Do not state dependents    |                                                      |                  |                                                              |                                        |                                                                              |                                   | □ No □ Yes                                              |  |  |  |  |
|              | ,                          |                                                      |                  |                                                              |                                        |                                                                              |                                   | □ No                                                    |  |  |  |  |
|              |                            |                                                      |                  |                                                              |                                        |                                                                              |                                   | _ □ Yes<br>□ No                                         |  |  |  |  |
|              |                            |                                                      |                  |                                                              |                                        |                                                                              |                                   | ☐ Yes                                                   |  |  |  |  |
|              |                            |                                                      |                  |                                                              |                                        |                                                                              |                                   | □ No                                                    |  |  |  |  |
| 2            | De veur evr                | annon include                                        |                  |                                                              |                                        |                                                                              |                                   | _ Pes                                                   |  |  |  |  |
| 3.           | expenses o                 | oenses include<br>f people other t<br>d your depende | han <sub>—</sub> | No<br>Yes                                                    |                                        |                                                                              |                                   |                                                         |  |  |  |  |
| Esti<br>exp  | mate your ex               |                                                      | our bankr        | uptcy filing date unless y                                   |                                        |                                                                              |                                   | napter 13 case to report<br>of the form and fill in the |  |  |  |  |
| the          |                            | h assistance an                                      |                  | government assistance i<br>cluded it on <i>Schedule I:</i> ) |                                        |                                                                              | Your ex                           | penses                                                  |  |  |  |  |
| •            |                            | ,                                                    |                  | _                                                            |                                        |                                                                              |                                   |                                                         |  |  |  |  |
| 4.           |                            | or home owners<br>and any rent for th                |                  | ses for your residence. In<br>or lot.                        | nclude first mortgag                   | e<br>4.                                                                      | \$                                | 0.00                                                    |  |  |  |  |
|              | If not includ              | led in line 4:                                       |                  |                                                              |                                        |                                                                              |                                   |                                                         |  |  |  |  |
|              | 4a. Real e                 | estate taxes                                         |                  |                                                              |                                        | 4a.                                                                          | \$                                | 840.00                                                  |  |  |  |  |
|              | •                          | rty, homeowner'                                      |                  |                                                              |                                        | 4b.                                                                          | ·                                 | 83.00                                                   |  |  |  |  |
|              |                            | maintenance, re<br>owner's associa                   |                  | upkeep expenses                                              |                                        | 4c.<br>4d.                                                                   |                                   | 0.00                                                    |  |  |  |  |
| 5.           |                            |                                                      |                  | oominium dues<br>our residence, such as ho                   | me equity loans                        | 4a.<br>5.                                                                    | ·                                 | 0.00                                                    |  |  |  |  |

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| Debtor 1       | Curtis Harper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Case num     | ber (if known) |                         |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|-------------------------|
| S. Utili       | ties:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                |                         |
| 6a.            | Electricity, heat, natural gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6a.          | \$             | 250.00                  |
| 6b.            | Water, sewer, garbage collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6b.          | \$             | 30.00                   |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6c.          | ·              | 0.00                    |
| 6d.            | Other. Specify: Cell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6d.          | •              | 60.00                   |
|                | d and housekeeping supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7.           | ·              |                         |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ·              | 150.00                  |
|                | dcare and children's education costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8.           | \$             | 0.00                    |
|                | hing, laundry, and dry cleaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9.           | \$             | 100.00                  |
|                | sonal care products and services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10.          | \$             | 20.00                   |
|                | ical and dental expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11.          | \$             | 20.00                   |
|                | nsportation. Include gas, maintenance, bus or train fare.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12.          | \$             | 125.00                  |
|                | ertainment, clubs, recreation, newspapers, magazines, and books                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13.          |                | 0.00                    |
|                | ritable contributions and religious donations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14.          | ·              |                         |
|                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14.          | Ψ              | 0.00                    |
|                | Irance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                |                         |
|                | not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 15a.         | \$             | 0.00                    |
|                | Health insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15a.<br>15b. |                |                         |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ·              | 0.00                    |
|                | Vehicle insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15c.         | · -            | 60.00                   |
|                | Other insurance. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15d.         | \$             | 0.00                    |
|                | es. Do not include taxes deducted from your pay or included in lines 4 or 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 40           | •              |                         |
| Spe            | city:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 16.          | \$             | 0.00                    |
|                | Car payments for Vehicle 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17a.         | \$             | 0.00                    |
|                | Car payments for Vehicle 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17b.         |                | 0.00                    |
|                | Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17c.         | ·              | 0.00                    |
|                | Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17d.         | ·              | 0.00                    |
|                | r payments of alimony, maintenance, and support that you did not report as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | Ψ              | 0.00                    |
|                | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18.          | \$             | 0.00                    |
|                | er payments you make to support others who do not live with you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | \$             | 0.00                    |
| Spe            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19.          | · -            |                         |
|                | er real property expenses not included in lines 4 or 5 of this form or on Sche                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | our Income.    |                         |
|                | Mortgages on other property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20a.         |                | 0.00                    |
|                | Real estate taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20b.         |                | 0.00                    |
|                | Property, homeowner's, or renter's insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20c.         |                | 0.00                    |
|                | Maintenance, repair, and upkeep expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20d.         | ·              | 0.00                    |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20a.<br>20e. |                |                         |
|                | Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | · ·            | 0.00                    |
| . Oth          | er: Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 21.          | +\$            | 0.00                    |
| . Calc         | culate your monthly expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                |                         |
| 22a.           | Add lines 4 through 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | \$             | 1,738.00                |
| 22b.           | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | \$             |                         |
|                | Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | \$             | 1,738.00                |
|                | , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                | 1,730.00                |
|                | culate your monthly net income.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | _              |                         |
|                | Copy line 12 (your combined monthly income) from Schedule I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 23a.         |                | 2,133.33                |
| 23b.           | Copy your monthly expenses from line 22c above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23b.         | -\$            | 1,738.00                |
| 00-            | Cubing at your monthly over an angelia and a second and the second |              |                |                         |
| 23C.           | Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 23c.         | \$             | 395.33                  |
|                | THE RESULT IS YOUR ITHORITHY HELTINGOTHE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 200.         |                |                         |
| 4. <b>Do</b> v | you expect an increase or decrease in your expenses within the year after yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ou file this | form?          |                         |
| For e          | xample, do you expect to finish paying for your car loan within the year or do you expect you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                | e or decrease because o |
|                | fication to the terms of your mortgage?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                |                         |
|                | lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                |                         |
| □Y             | es. Explain here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                |                         |

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| Fill in this infor                                     | mation to identify your                            | case.                    |                           |                                                  |                                                                    |
|--------------------------------------------------------|----------------------------------------------------|--------------------------|---------------------------|--------------------------------------------------|--------------------------------------------------------------------|
| Debtor 1                                               |                                                    | casc.                    |                           |                                                  |                                                                    |
| Deblor                                                 | Curtis Harper First Name                           | Middle Name              | Last Name                 |                                                  |                                                                    |
| Debtor 2                                               | . not realing                                      | madio Hamo               | <u> </u>                  |                                                  |                                                                    |
| (Spouse if, filing)                                    | First Name                                         | Middle Name              | Last Name                 |                                                  |                                                                    |
| United States Ba                                       | ankruptcy Court for the:                           | NORTHERN DISTRICT        | OF ILLINOIS               |                                                  |                                                                    |
| Case number                                            |                                                    |                          |                           |                                                  |                                                                    |
| (if known)                                             |                                                    |                          |                           |                                                  | Check if this is an amended filing                                 |
| If two married p<br>You must file th<br>obtaining mone | eople are filing together                          | n connection with a bank | nsible for supplying co   | rrect information.<br>s. Making a false statemer | nt, concealing property, or<br>r imprisonment for up to 20         |
| Sig                                                    | ın Below                                           |                          |                           |                                                  |                                                                    |
| Did you pa                                             | ay or agree to pay some                            | one who is NOT an attor  | rney to help you fill out | bankruptcy forms?                                |                                                                    |
| ■ No                                                   |                                                    |                          |                           |                                                  |                                                                    |
| ☐ Yes.                                                 | Name of person                                     |                          |                           |                                                  | tcy Petition Preparer's Notice,<br>d Signature (Official Form 119) |
|                                                        | alty of perjury, I declare<br>re true and correct. | that I have read the sum | mary and schedules file   | ed with this declaration a                       | nd                                                                 |
| X /s/ Cu                                               | rtis Harper                                        |                          | X                         |                                                  |                                                                    |
|                                                        | Harper                                             |                          | Signature o               | f Debtor 2                                       |                                                                    |
|                                                        | ire of Debtor 1                                    |                          | ŭ                         |                                                  |                                                                    |
| Date                                                   | January 9, 2017                                    |                          | Date                      |                                                  |                                                                    |

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|                   | l in this inform                    | nation to identify yo                       |                                                                                                |                                    |                                                                  |                                     |
|-------------------|-------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------|-------------------------------------|
|                   |                                     | nation to identify yo                       | ur case:                                                                                       |                                    |                                                                  |                                     |
| Del               | btor 1                              | Curtis Harper First Name                    | Middle Name                                                                                    | Last Name                          |                                                                  |                                     |
|                   | btor 2                              | First Name                                  | Middle Nome                                                                                    | Last Name                          |                                                                  |                                     |
|                   | ouse if, filing)                    |                                             | Middle Name                                                                                    |                                    |                                                                  |                                     |
| Uni               | ited States Ba                      | nkruptcy Court for the                      | e: NORTHERN DISTRICT (                                                                         | OF ILLINOIS                        |                                                                  |                                     |
|                   | se number<br>nown)                  |                                             |                                                                                                |                                    |                                                                  | heck if this is an<br>mended filing |
|                   | ficial Fo                           |                                             |                                                                                                | , _                                |                                                                  | Ů                                   |
|                   |                                     |                                             | Affairs for Individ                                                                            |                                    |                                                                  | 4/10                                |
| info<br>nun       | ormation. If m                      | nore space is needed<br>n). Answer every qu | d, attach a separate sheet to                                                                  | this form. On the top of an        | equally responsible for sup<br>y additional pages, write you     |                                     |
| 1.                | What is you                         | r current marital sta                       | tus?                                                                                           |                                    |                                                                  |                                     |
|                   | ☐ Married                           |                                             |                                                                                                |                                    |                                                                  |                                     |
|                   | ■ Not ma                            |                                             |                                                                                                |                                    |                                                                  |                                     |
| 2.                | During the I                        | ast 3 vears, have vo                        | u lived anywhere other than                                                                    | where you live now?                |                                                                  |                                     |
|                   | _                                   | ,,,                                         | ,                                                                                              |                                    |                                                                  |                                     |
|                   | ■ No □ Yes. Lis                     | st all of the places you                    | lived in the last 3 years. Do no                                                               | ot include where you live nov      | v.                                                               |                                     |
|                   | Debtor 1 Pr                         | ior Address:                                | Dates Debtor 1 lived there                                                                     | Debtor 2 Prior Ad                  | ddress:                                                          | Dates Debtor 2<br>lived there       |
| <b>3.</b><br>stat |                                     |                                             |                                                                                                |                                    | nity property state or territory<br>ico, Texas, Washington and W |                                     |
|                   | _                                   | ake sure you fill out S                     | chedule H: Your Codebtors (O                                                                   | fficial Form 106H).                |                                                                  |                                     |
| Pai               | rt 2 Expla                          | in the Sources of Yo                        | ur Income                                                                                      |                                    |                                                                  |                                     |
| 4.                | Fill in the total f you are filing. | al amount of income y                       | employment or from operating rou received from all jobs and a u have income that you received. | all businesses, including part     |                                                                  | ndar years?                         |
|                   |                                     |                                             | Debtor 1                                                                                       |                                    | Debtor 2                                                         |                                     |
|                   |                                     |                                             | Sources of income                                                                              | Gross income                       | Sources of income                                                | Gross income                        |
|                   |                                     |                                             | Check all that apply.                                                                          | (before deductions and exclusions) | Check all that apply.                                            | (before deductions and exclusions)  |
| 201               | 12                                  |                                             | ☐ Wages, commissions, bonuses, tips                                                            | \$30,000.00                        | ☐ Wages, commissions, bonuses, tips                              |                                     |
|                   |                                     |                                             | ☐ Operating a business                                                                         |                                    | ☐ Operating a business                                           |                                     |
| 201               | 11                                  |                                             | ☐ Wages, commissions, bonuses, tips                                                            | \$25,000.00                        | ☐ Wages, commissions, bonuses, tips                              |                                     |
|                   |                                     |                                             | ☐ Operating a business                                                                         |                                    | ☐ Operating a business                                           |                                     |
| Offic             | cial Form 107                       |                                             | Statement of Financial Aff                                                                     | airs for Individuals Filing for E  | Bankruptcv                                                       | page '                              |

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| De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Curus narper                                                                                                     |                                                                                                                                                                                                                                                                                                                    | Case Humber (ii known)                                                                                                                                        |                                                                  |                                           |                                                       |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Debtor 1                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               | Debtor 2                                                         |                                           |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Sources of income<br>Check all that apply.                                                                                                                                                                                                                                                                         | Gross income<br>(before deductions and<br>exclusions)                                                                                                         | Sources of inc                                                   |                                           | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 013 YTD                                                                                                          | ☐ Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                | \$26,000.00                                                                                                                                                   | ☐ Wages, commissions, bonuses, tips                              |                                           |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | ☐ Operating a business                                                                                                                                                                                                                                                                                             |                                                                                                                                                               | ☐ Operating a                                                    | business                                  |                                                       |  |  |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Include income regardless of w<br>and other public benefit payme<br>winnings. If you are filing a join           | come during this year or the two<br>whether that income is taxable. Ex-<br>ents; pensions; rental income; inte<br>it case and you have income that you                                                                                                                                                             | amples of other income are a<br>rest; dividends; money collec<br>you received together, list it o                                                             | alimony; child supp<br>cted from lawsuits;<br>only once under D  | royalties; and ebtor 1.                   |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tes. Fill III the details.                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                                                  |                                           |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Debtor 1 Sources of income Describe below.                                                                                                                                                                                                                                                                         | Gross income from each source (before deductions and exclusions)                                                                                              | Debtor 2<br>Sources of ind<br>Describe below                     |                                           | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
| Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | art 3: List Certain Payments                                                                                     | You Made Before You Filed for                                                                                                                                                                                                                                                                                      | Bankruptcy                                                                                                                                                    |                                                                  |                                           |                                                       |  |  |  |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | □ No. Neither Debtor 1 r individual primarily  □ During the 90 days □ No. Go to li □ Yes List be paid th not inc | cor 2's debts primarily consume<br>nor Debtor 2 has primarily consume<br>for a personal, family, or househo<br>before you filed for bankruptcy, di<br>ine 7.<br>low each creditor to whom you pai<br>at creditor. Do not include payment<br>lude payments to an attorney for t<br>ment on 4/01/19 and every 3 year | umer debts. Consumer debtabled purpose."  id you pay any creditor a total data a total of \$6,425* or more not for domestic support oblighis bankruptcy case. | al of \$6,425* or mo<br>in one or more pa<br>gations, such as cl | ore?<br>yments and the<br>hild support an | e total amount you                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes. Debtor 1 or Debto                                                                                           | r 2 or both have primarily consubefore you filed for bankruptcy, di                                                                                                                                                                                                                                                | umer debts.                                                                                                                                                   |                                                                  |                                           |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | include                                                                                                          | ine 7.  low each creditor to whom you page payments for domestic support only for this bankruptcy case.                                                                                                                                                                                                            |                                                                                                                                                               |                                                                  |                                           |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Creditor's Name and Addres                                                                                       | Dates of payme                                                                                                                                                                                                                                                                                                     | ent Total amount paid                                                                                                                                         | Amount you still owe                                             | Was this pa                               | ayment for                                            |  |  |  |
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an <i>Insiders</i> include your relatives; any general partners; relatives of any general partners; partnerships of which you are a go f which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any manage a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such a alimony. |                                                                                                                  |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                                                  |                                           | al partner; corporation<br>agent, including one fo    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                                                                                               |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                                                  |                                           |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes. List all payments to a                                                                                    | an insider.                                                                                                                                                                                                                                                                                                        |                                                                                                                                                               |                                                                  |                                           |                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Insider's Name and Address                                                                                       | Dates of payme                                                                                                                                                                                                                                                                                                     | ent Total amount                                                                                                                                              | Amount you                                                       | Reason for                                | this payment                                          |  |  |  |

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| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost |                              | ments or transfer a | any property on    | account of a d    | ebt that benefited an |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------------|-------------------|-----------------------|
| Insider's Name and Address   Dates of payment   Total amount   Amount you   Reason for this payment   Individed creditor's name   Individed |     | No                                                                                                |                              |                     |                    |                   |                       |
| Paid   Still owe   Include creditor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | , ,                                                                                               | <b>5</b>                     | <b>-</b>            |                    | - (               | 41.                   |
| 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | insider's Name and Address                                                                        | Dates of payment             |                     |                    |                   |                       |
| List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Par | t 4: Identify Legal Actions, Repossessio                                                          | ns, and Foreclosures         |                     |                    |                   |                       |
| Yes. Fill in the details.   Case title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9.  | List all such matters, including personal injury                                                  |                              |                     |                    |                   |                       |
| Case title Case number  10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.    No. Go to line 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | _ 110                                                                                             |                              |                     |                    |                   |                       |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.    No. Go to line 11.   Yes. Fill in the information below.   Creditor Name and Address   Describe the Property   Date   Value of the property   Explain what happened                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | Case title                                                                                        | Nature of the case           | Court or agency     |                    | Status of th      | ne case               |
| Check all that apply and fill in the details below.  No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Describe the Property Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes. Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                   | _                            |                     |                    |                   |                       |
| Creditor Name and Address  Describe the Property Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took Date action was taken  Amount taken  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 to any charity?  Press Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 to any charity?  Describe what you contributed  Dates you contributed  Value contributed  Value contributed  Value contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10. | Check all that apply and fill in the details belo  No. Go to line 11.                             |                              | rty repossessed, f  | oreclosed, garn    | ished, attached   | d, seized, or levied? |
| Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took Date action was taken  Amount taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes  Parts: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                                                                                   |                              |                     |                    |                   |                       |
| 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | Creditor Name and Address                                                                         | Describe the Property        |                     | Date               | e                 |                       |
| accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took Date action was taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                                                                                   | Explain what happened        |                     |                    |                   |                       |
| taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Describe what you contributed  Dates you contributed  Value contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11. | accounts or refuse to make a payment bed No                                                       |                              | uding a bank or fir | nancial institutio | on, set off any a | amounts from your     |
| court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | Creditor Name and Address                                                                         | Describe the action the      | creditor took       |                    |                   | Amount                |
| Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name Address (Number, Street, City, State and ZIP Code)  Describe what you contributed  Dates you contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12. | court-appointed receiver, a custodian, or a                                                       |                              | rty in the possess  | ion of an assign   | ee for the bene   | efit of creditors, a  |
| Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Dates you contributed  Value Contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | _                                                                                                 |                              |                     |                    |                   |                       |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Describe what you contributed  Dates you contributed  Value contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Par |                                                                                                   |                              |                     |                    |                   |                       |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Describe the gifts  Dates you gave the gifts  Value  Dates you contributed  Dates you contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                   | otov, did vou givo ony gifts | with a total value  | of more than \$6   | 00 per percen     | •                     |
| Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Describe the gifts  Dates you gave the gifts  Value of more than \$600 to any charity?  Describe what you contributions with a total value of more than \$600 to any charity?  Value contributions to charities that total more than \$600 to any charity?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13. | ■ No                                                                                              | otoy, and you give any gine  | with a total value  | or more than \$0   | oo per person     | ·                     |
| Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Gifts with a total value of more than \$600                                                       | Describe the gifts           |                     |                    |                   | Value                 |
| ■ No □ Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Dates you contributed contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                                                   |                              |                     |                    |                   |                       |
| Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14. |                                                                                                   | otcy, did you give any gifts | or contributions v  | with a total value | e of more than    | \$600 to any charity? |
| more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | $\square$ Yes. Fill in the details for each gift or cor                                           | ntribution.                  |                     |                    |                   |                       |
| Part 6: List Certain Losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | more than \$600<br>Charity's Name                                                                 | tal Describe what you        | contributed         |                    |                   | Value                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Par | t 6: List Certain Losses                                                                          |                              |                     |                    |                   |                       |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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| Deb  | otor 1 Curtis Harper                                                                                                                  | Boodment                                                                     | C C                    | ase number (if known)                                                   |                             |
|------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------|-----------------------------|
|      | or gambling?                                                                                                                          |                                                                              |                        |                                                                         |                             |
|      | _                                                                                                                                     |                                                                              |                        |                                                                         |                             |
|      | <ul><li>■ No</li><li>□ Yes. Fill in the details.</li></ul>                                                                            |                                                                              |                        |                                                                         |                             |
|      | Describe the property you lost and how the loss occurred                                                                              | Describe any insurand<br>Include the amount that<br>insurance claims on line | insurance has paid. Li | st pending loss                                                         | r Value of property<br>lost |
| Pari | t 7: List Certain Payments or Transfe                                                                                                 | ers                                                                          |                        |                                                                         |                             |
| 16.  |                                                                                                                                       | ruptcy, did you or anyon<br>r preparing a bankruptcy                         | petition?              |                                                                         |                             |
|      | □ No                                                                                                                                  |                                                                              |                        |                                                                         |                             |
|      | Yes. Fill in the details.                                                                                                             |                                                                              |                        |                                                                         |                             |
|      | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                                     | transferred                                                                  | nd value of any prope  | Date payme or transfer wade                                             |                             |
|      | Fernandez & Associates<br>108 Madison<br>Oak Park, IL 60302                                                                           |                                                                              |                        | 12/29/16                                                                | \$388.00                    |
|      | Do not include any payment or transfer the No                                                                                         | at you listed on line 16.                                                    |                        |                                                                         |                             |
|      | Yes. Fill in the details.                                                                                                             |                                                                              |                        |                                                                         |                             |
|      | Person Who Was Paid<br>Address                                                                                                        | Description a transferred                                                    | nd value of any prope  | or transfer v<br>made                                                   |                             |
|      | Within 2 years before you filed for bank<br>transferred in the ordinary course of you<br>Include both outright transfers and transfer | our business or financial                                                    | affairs?               |                                                                         |                             |
|      | include gifts and transfers that you have a                                                                                           |                                                                              |                        | ounty interest of mongage (                                             | ni your property). Do not   |
|      | Yes. Fill in the details.                                                                                                             |                                                                              |                        |                                                                         |                             |
|      | Person Who Received Transfer Address                                                                                                  | Description a property trans                                                 |                        | Describe any property of<br>payments received or di<br>paid in exchange |                             |
|      | Person's relationship to you                                                                                                          |                                                                              |                        |                                                                         |                             |
|      | Within 10 years before you filed for barbeneficiary? (These are often called ass  ■ No                                                |                                                                              | r any property to a se | elf-settled trust or similar o                                          | levice of which you are a   |
|      | ☐ Yes. Fill in the details.                                                                                                           |                                                                              |                        |                                                                         |                             |
|      | Name of trust                                                                                                                         | Description a                                                                | nd value of the prope  | rty transferred                                                         | Date Transfer was made      |

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Debtor 1 Curtis Harper

| Part 8 | I ist of | Certain | <b>Financial</b> | Accounts. | Instruments | Safe F | Denosit B | loxes, an | d Storage | Units |
|--------|----------|---------|------------------|-----------|-------------|--------|-----------|-----------|-----------|-------|

| . «. | List of Ocitain i manolal Accounts, in                                                                                                                                                                                                                                                                                                                                                                                                        | non amonto, caro Dopos                                               | nt Boxoo, and oto              | age cime           |                                                              |                                               |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|--------------------|--------------------------------------------------------------|-----------------------------------------------|
| 20.  | <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> </ul> |                                                                      |                                |                    |                                                              |                                               |
|      | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                |                    |                                                              |                                               |
|      | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                          | Last 4 digits of account number                                      | Type of accourant instrument   | r                  | Date account was<br>closed, sold,<br>noved, or<br>ransferred | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 cash, or other valuables?                                                                                                                                                                                                                                                                                                                                                                           | year before you filed fo                                             | or bankruptcy, an              | y safe depo        | sit box or other deposit                                     | ory for securities,                           |
|      | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                |                    |                                                              |                                               |
|      | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                           | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                                | Describe th        | e contents                                                   | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit                                                                                                                                                                                                                                                                                                                                                                                                    | or place other than you                                              | ır home within 1 y             | year before        | you filed for bankruptcy                                     | ?                                             |
|      | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                |                    |                                                              |                                               |
|      | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                                | Describe th        | e contents                                                   | Do you still have it?                         |
| Par  | 19: Identify Property You Hold or Control                                                                                                                                                                                                                                                                                                                                                                                                     | ol for Someone Else                                                  |                                |                    |                                                              |                                               |
| 23.  | Do you hold or control any property that s for someone.                                                                                                                                                                                                                                                                                                                                                                                       | omeone else owns? Inc                                                | lude any property              | y you borro        | wed from, are storing fo                                     | r, or hold in trust                           |
|      | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                |                    |                                                              |                                               |
|      | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                            | Where is the pro<br>(Number, Street, City,<br>Code)                  |                                | Describe th        | e property                                                   | Value                                         |
| Par  | t 10: Give Details About Environmental In                                                                                                                                                                                                                                                                                                                                                                                                     | formation                                                            |                                |                    |                                                              |                                               |
| For  | the purpose of Part 10, the following defini                                                                                                                                                                                                                                                                                                                                                                                                  | tions apply:                                                         |                                |                    |                                                              |                                               |
|      | Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of these                                                                                                                                                                                                                                                                                                            | the air, land, soil, surface                                         | ce water, ground               |                    |                                                              |                                               |
|      | Site means any location, facility, or proper to own, operate, or utilize it, including disp                                                                                                                                                                                                                                                                                                                                                   | -                                                                    | environmental la               | w, whether         | you now own, operate,                                        | or utilize it or used                         |
|      | Hazardous material means anything an en hazardous material, pollutant, contaminan                                                                                                                                                                                                                                                                                                                                                             |                                                                      | s as a hazardous v             | waste, haza        | rdous substance, toxic                                       | substance,                                    |
| Rep  | ort all notices, releases, and proceedings t                                                                                                                                                                                                                                                                                                                                                                                                  | hat you know about, reç                                              | gardless of when               | they occurr        | ed.                                                          |                                               |
| 24.  | Has any governmental unit notified you the                                                                                                                                                                                                                                                                                                                                                                                                    | at you may be liable or p                                            | ootentially liable ι           | under or in        | violation of an environm                                     | ental law?                                    |
|      | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                |                    |                                                              |                                               |
|      | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                            | Governmental u<br>Address (Number,<br>ZIP Code)                      | nit<br>Street, City, State and | Environ<br>know it | mental law, if you                                           | Date of notice                                |

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| 25.                 | Have you notified any governmental unit of                                                                                                                           | any release of hazardous material?                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|--|--|
|                     | ■ No □ Yes. Fill in the details.                                                                                                                                     |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                   | Governmental unit Address (Number, Street, City, State a ZIP Code)                          | Environmental law, if you know it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of notice           |  |  |  |  |  |
| 26.                 | Have you been a party in any judicial or ad                                                                                                                          | ministrative proceeding under any en                                                        | vironmental law? Include settle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ments and orders.        |  |  |  |  |  |
|                     | ■ No □ Yes. Fill in the details.                                                                                                                                     |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | Case Title<br>Case Number                                                                                                                                            | Court or agency Name Address (Number, Street, City, State and ZIP Code)                     | Nature of the case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status of the case       |  |  |  |  |  |
| Par                 | 111: Give Details About Your Business or                                                                                                                             | Connections to Any Business                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
| 27.                 | Within 4 years before you filed for bankrup  ☐ A sole proprietor or self-employed ☐ A member of a limited liability com ☐ A partner in a partnership                 | in a trade, profession, or other activit                                                    | y, either full-time or part-time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s to any business?       |  |  |  |  |  |
|                     | ☐ An officer, director, or managing ex                                                                                                                               | ecutive of a corporation                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | ☐ An owner of at least 5% of the voting or equity securities of a corporation                                                                                        |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | No. None of the above applies. Go to Part 12.                                                                                                                        |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | Yes. Check all that apply above and fill in the details below for each business.                                                                                     |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | Business Name                                                                                                                                                        | Describe the nature of the business                                                         | Employer Identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |  |  |  |  |  |
|                     | Address<br>(Number, Street, City, State and ZIP Code)                                                                                                                | Name of accountant or bookkeeper                                                            | Do not include Social S | ecurity number or ITIN.  |  |  |  |  |  |
| 28.                 | Within 2 years before you filed for bankrup institutions, creditors, or other parties.                                                                               | tcy, did you give a financial statemen                                                      | t to anyone about your busines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s? Include all financial |  |  |  |  |  |
|                     | ■ No                                                                                                                                                                 |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | Yes. Fill in the details below.                                                                                                                                      |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | Name Address (Number, Street, City, State and ZIP Code)                                                                                                              | Date Issued                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
| Par                 | 112: Sign Below                                                                                                                                                      |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
| are t               | re read the answers on this Statement of Firue and correct. I understand that making a bankruptcy case can result in fines up to .S.C. §§ 152, 1341, 1519, and 3571. | false statement, concealing property                                                        | , or obtaining money or proper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |  |  |  |  |
|                     | Curtis Harper<br>rtis Harper                                                                                                                                         | Signature of Debtor 2                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | nature of Debtor 1                                                                                                                                                   | olgitatale of Debtor 2                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
| Dat                 | 9, 2017                                                                                                                                                              | Date                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
| Did :<br>■ N<br>□ Y |                                                                                                                                                                      | ent of Financial Affairs for Individuals                                                    | s Filing for Bankruptcy (Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Form 107)?               |  |  |  |  |  |
| ■ N                 |                                                                                                                                                                      |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |  |  |  |  |  |
|                     | es. Name of Person Attach the Bankru<br>al Form 107 Staten                                                                                                           | uptcy Petition Preparer's Notice, Declara<br>nent of Financial Affairs for Individuals Fili |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 119). page               |  |  |  |  |  |

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Debtor 1 Curtis Harper

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
<a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - The Debtor(s) and Attonery have entered into an advance payment retainer for preconfirmation work including, but not limited to, the preparation of the petition and plan, filing of the case and any amendments necessary for confirmation.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$388.00 toward the flat fee, leaving a balance due of \$3,612.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:                                | 8                          |
|--------------------------------------|----------------------------|
| Signed:                              |                            |
| /s/ Curtis Harper                    | /s/ Bennie W Fernandez     |
| Curtis Harper                        | Bennie W Fernandez         |
|                                      | Attorney for the Debtor(s) |
| Debtor(s)                            |                            |
| Do not sign this agreement if the am | ounts are blank.           |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Northern District of Illinois

| Chapter 13  FOR DEBTOR(S)  the above named debtor(s) and that ed to be paid to me, for services rendered or to case is as follows:  4,000.00  388.00  3,612.00 |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| he above named debtor(s) and that ed to be paid to me, for services rendered or to case is as follows:  4,000.00 388.00                                        |  |  |  |  |  |
| ed to be paid to me, for services rendered or to case is as follows:  4,000.00  388.00                                                                         |  |  |  |  |  |
| 388.00                                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                |  |  |  |  |  |
| 3,612.00                                                                                                                                                       |  |  |  |  |  |
|                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                |  |  |  |  |  |
| hey are members and associates of my law firm                                                                                                                  |  |  |  |  |  |
| not members or associates of my law firm. A nsation is attached.                                                                                               |  |  |  |  |  |
| In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                                |  |  |  |  |  |
| g whether to file a petition in bankruptcy;<br>e required;<br>djourned hearings thereof;                                                                       |  |  |  |  |  |
| ×                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                |  |  |  |  |  |
| nt to me for representation of the debtor(s) in                                                                                                                |  |  |  |  |  |
| :                                                                                                                                                              |  |  |  |  |  |
| .386-2014<br>net                                                                                                                                               |  |  |  |  |  |
| nonsaba<br>g v<br>e redje                                                                                                                                      |  |  |  |  |  |

#### **United States Bankruptcy Court** Northern District of Illinois

|       |                                            | 1 (of their District of Immors        |                                |                |
|-------|--------------------------------------------|---------------------------------------|--------------------------------|----------------|
| In re | Curtis Harper                              |                                       | Case No.                       |                |
|       | •                                          | Debtor(s)                             | Chapter 13                     |                |
|       |                                            |                                       |                                |                |
|       | VE                                         | RIFICATION OF CREDITOR N              | MATRIX                         |                |
|       |                                            | Number o                              | f Creditors:                   | 56             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and correct to t | the best of my |
| Date: | January 9, 2017                            | /s/ Curtis Harper Curtis Harper       |                                |                |

Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205

Allied Interstate 3000 Corporate Exchange Drive 5th Floor Columbus, OH 43231

Allied Interstate Llc 7525 W Campus Rd New Albany, OH 43054

Amer Fst Fin 7330 W. 33rd Street Wichita, KS 67205

Americash 555 Torrence Ave Calumet City, IL 60409

Americash Loans P.O. Box 184 Des Plaines, IL 60016

Arnoldharris 600 West Jackson Suite 710 Chicago, IL 60661

Bay Area Credit Service P.O. Box 467600 Atlanta, GA 31146

Burns Harbor Fire Department P.O. Box 727 Elkhart, IN 46515

CBE Group 131 Tower Park Drive Suite 1 Waterloo, IA 50702

Chicago Public Library 400 S State Street Chicago, IL 60605

City of Chicago Department of Revenue P.O. Box 88292 Chicago, IL 60680-1292

Com Ed P.O. Box 6111 Carol Stream, IL 60197-6111

Cook County Treasurer P.O. Box 4488 Carol Stream, IL 60197-4488

Custom Coll Srvs Inc 55 E 86th Ave Ste A Merrillville, IN 46410

Devry
One Tower Lane Suite 1000
Villa Park, IL 60181

Equinox Fin 2720 South River Road Des Plaines, IL 60018

Family Medical Care Center 3900 W 95th Street Evergreen Park, IL 60805

Fast Cash Advance C/o David Axelrod & Associates 1448 Old Skokie Road Highland Park, IL 60035

First Cash Advance C/o David J Axelrod & Associates 1448 Old Skokie Road Highland Park, IL 60035

First Payday Loans 1513 Sibley Blvd Richton Park, IL Fraciscan St Anthony Health P.O. Box 4628 Hinsdale, IL 60522

Great Lakes Cr Un 2525 Green Bay Rd North Chicago, IL 60064

Hawthorne Credit Union 1519 N Naper Blvd Naperville, IL 60563

Illinois Child Suppo 509 S 6th St Springfield, IL 62701

Imaging Assoc. of Indiana
55 E 86th Ave Suite A
P.O. Box 14369
Merrillville, IN 46411-4369

Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114

Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114

John H Stroger Hospital 1900 W Polk Street Suite G-16 Chicago, IL 60612

Mcsi Inc Po Box 327 Palos Heights, IL 60463

Mcsi Inc Po Box 327 Palos Heights, IL 60463 Mcsi Inc Po Box 327 Palos Heights, IL 60463

Mcsi Inc Po Box 327 Palos Heights, IL 60463

Mcsi Inc Po Box 327 Palos Heights, IL 60463

Midwest Title Loan 2129 S Cicero Cicero, IL 60804

Municollofam 3348 Ridge Road Lansing, IL 60438

National Recoveries of Mnnesota 14735 Highway 65 NE Suite 100 Andover, MN 55304-4886

Nicor Gas P.O. Box 190 Aurora, IL 60507

Northwest Collectors 3601 Algonquin Road Suite 232 Rolling Meadows, IL 60008-3106

Nw Collector 3601 Algonquin Rd Rolling Meadows, IL 60008

Oak Law Radiologists P.O. Box 3837 Springfield, IL 62708

Pinnacle Credit Service 7900 Highway 7 Suite 100 Minneapolis, MN 55426

PLS Loan Store 1215 E 87th Street Chicago, IL 60619

Public Storage 4001 W 37th Ave Hobart, IN 46342

T-Mobile P.O. Box 742596 Cincinnati, OH 45274-2596

Tate & Kirlin Assoc 2810 Southampton Rd Philadelphia, PA 19154

The Payday Loan Store 16909 Torrence Ave Lansing, IL 60438

The Payday Loan Store 16909 Torrence Ave Lansing, IL 60438

Toyota Motor Credit 1111 W 22nd Street Suite 420 Oak Brook, IL 60523

Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707

Us Employees Cr Un 230 S Dearborn St Ste 29 Chicago, IL 60604

US Employees Credit Union C/o Walinski & Trunkett 25 E Washington Suite 1221 Chicago, IL 60602

USA Payday Loans 1759 River Oaks Drive Calumet City, IL 60409

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USA Payday Loans 1759 River Oaks Drive Calumet City, IL 60409

Verizon Wireless/sou Po Box 49 Lakeland, FL 33802

Village of Riverdale 157 W 144th Street Riverdale, IL 60827-2707